Yukon
Government

2006 Yukon Detox Review

Report on the results of the Yukon ADS Detox Services User Interviews

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Prepared by the Yukon Bureau of Statistics for
Alcohol & Drug Services – Detox Services Unit
Department of Health & Social Services
Government of Yukon

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This report discusses the main design, methodology, and findings of the Yukon Detox Review.

1. Rationale and Background

The purpose of this review was to assist the department of Health and Social Services Alcohol & Drug Services - Detox Services Unit to better understand the needs of their clients, and those of the referring agencies with whom Detox staff work.

Information gathered through this review will be used to identify what's working, what's not working and what can be done differently with respect to the current services offered by the Detox Unit.

The following agencies were involved:

- Yukon Department of Health and Social Services, ADS - Detox Services Unit
- Yukon Bureau of Statistics

Respondents

Group 1—Clients

- Individuals going through withdrawal from alcohol or drug intoxication at Detox

Group 2—Community Agencies who may refer potential clients

- Salvation Army
- RCMP
- ADS Internal Treatment Team
- Outreach Van
- Kaushee's Place
- Women's Council

Group 3—Detox Staff

- Yukon Detox staff and management

Background

Detoxification Services (Detox) is a subset of Alcohol and Drug Services (ADS) in the Health and Social Services Department.

- *ADS Vision*: Yukoners achieving freedom from the abuse of alcohol and other drugs.
- *ADS Mission*: Assisting individuals and communities in reducing the harmful effects of alcohol and other drugs by providing quality addictions services.

- Detoxification Services Program Description
    - Safe withdrawal from alcohol and other drugs
    - Awareness/education sessions
    - Referral to ongoing treatment, self-help groups and other support services
    - Detox Centre always open

- Detoxification Services Program includes:
    - 10 bed unit
    - open 24/7
    - non-medical detoxification from alcohol and/or other drug intoxication
    - community crisis intervention

2. Main Constraints

The main constraints in the design and interpretation of the Detox Review are:

- Limited ability to generalize the results of the survey to all clients
- Veracity of respondent answers.

3. Data Collection Objectives

The key data collection objective of the Detox Client Review was to provide ADS-Detox Services with an understanding from which they could evaluate whether or not they are meeting the needs of their clients and the agencies that refer clients to Detox. Specifically, the review was designed to give an overview of: what ADS-Detox was "doing right", where Detox were not meeting the needs of their clients or the referring agencies, and what Detox should be doing differently.

4. Design and Operations

In all, 42 face-to-face interviews were conducted over a period of three months in early 2006. Please refer to Appendix 1.1 Respondent Interview – Question Outline for more information on the client and referring agency interview guiding questions. Detox staff interviews focused on three questions – what's working, what's not working, and what should be done differently.

An encounter strategy was used to approach potential Detox Services clients. With the support and cooperation of Detox staff, potential respondents were identified upon their arrival at Detox and were approached as to their interest in participating in the Review. Twenty-three clients agreed to participate.

Appointments were made with representatives of referring agencies. Eight interviews with representatives of referring agencies were completed. The Whitehorse General Hospital was the only referring agency with significant contact with Detox that declined to be interviewed.

Detox staff were invited to be interviewed individually or in small groups. Eleven staff participated in individual interviews. One small group discussion was also conducted.

5. Summary of Findings - What's Working?

All interviews and group discussions were transcribed and a content analysis was undertaken. In all, a total of 993 separate comments were identified and coded. Please refer to Appendix 1.2 Respondent Interview – Coding Key for an explanation of codes used. Of these, 265 comments were from clients, 217 were from referring agencies, and 511 were from staff members.

Comments were separated into two main sections; 285 comments, or 29%, fit into the 'What's Working' section, and 706 comments, or 71%, fit into the 'What's Not Working' section.

Comments were also coded on the following subject matters: Clients, Communication, Detox Employees, Facility, Job Function/Role, Management, Relationship with other Service Agencies, Service, Services Beyond Detox/Services in Communities, Structural/Resources, and Work Environment for Staff.

For a tabular summary of comments please refer to Appendix 1.3 Summary of Findings – Overview of Coded Comments. For an abridged listing of coded comments, see Appendix 1.4 Responses to Long-Answer Questions Abridged Interviews, Selected Quotes—What's Working, and Appendix 1.5 Responses to Long-Answer Questions Abridged Interviews, Selected Quotes—What's Not Working.

What's Working?

From Clients' Perspective

1. Role/Function of Detox

Clients were grateful that the service existed at its most basic level, as well as expressing appreciation for the stress-free, safe environment: "I'm just thankful that there is a place like this for me to come to because if there wasn't, for me or any others like me, [we] would just be dead."

Other remarks about the role/function of Detox included comments about the scheduling, "It fills up my day…For me, to be working right now and then just going home in the evening…would lead back to the same thing I've been doing"; as well as comments about detoxing in general, "It's here to try and make people better. Hopefully I'm going to be one of the exceptions that this all works for."; and, finally, comments about the atmosphere: "It's very relaxed, but informative," "You can rest with no pressure to drink", "It's a pretty safe place…that's why I came here", "You don't have to worry about running into drugs and alcohol or your friends…It's a good part, a nice safe part of the day for me."

2. Detox Staff

Clients appreciated Detox staff attitudes: "Staff always got a smile on their face and they're concerned about your health," and, "They give you a forward outlook. When they ask you what you're going to do and you start cleaning up and feeling better, they ask you what you want and they tell you where you can go to get what you need."

Clients made several positive, general comments such as: "The staff is very helpful, very knowledgeable… they're friendly," and, "They're doing a great job. They're good people and we need them."

3. Facility/Food

Comments about the Detox facility varied from remarks about the food: "They feed you good food and get you healthy again," and "They've got some good cooks," to remarks about cleanliness: "The place is clean," and "Boy, those women never stop cleaning."

5. Summary of Findings - What's Working?

While most respondents saw the size of the facility as a hindrance, one client appreciated the size limitations: "Maybe the small number of people that they can accommodate at one time helps…It's quiet."

From Referring Agency Perspective

1. Role/Function of Detox

The referring agencies appreciated Detox at a fundamental role level: "When someone's intoxicated, they're not safe. They're really vulnerable out on the streets, so it's a safe place. [For] someone who needs safety but can't access our services, it's somewhere…to go." But beyond the basic safety Detox provides, some referring agencies appreciated that Detox went further: "I know Detox takes them all hours of the day, the night,…and sometimes just out of compassion because they have no place else to go, which is wonderful. It's safe and dry and a very caring environment."

While being realistic about the effectiveness of Detox in trying to change lives, this referring agency respondent appreciated Detox services within the limitations of its fundamental role: "Some of them have certainly no intention of doing more than sleeping for the night in a warm place and safe place and then getting out again…that's kind of part of the role of this facility…I don't see that as necessarily as a totally negative thing. If you look at the stats and there's some people that use the facility whatever, 80 or 180 times a year. And they're in and out in a few hours most of the time…But some of those people, actually, they're seriously addicted and I think they, a lot of times, do have a genuine intention to change every time they come in, but then they just can't handle it and they're gone again." As another respondent said, the role of Detox is to provide services, the rest is up to the client: "I think the best thing we can do is offer something and people can choose to take it or not and we need to respect people's choices."

2. Detox Staff

There were several positive comments about the staff at Detox such as, "They have some very caring, therapeutic people working there," and "There are many workers at Detox that are treating the clients with care and respect."

Referring agencies often heard feedback about Detox staff from their shared clientele. One said, I think that they like some of the staff there and the support that they get." Another said, "There are some staff down there that [are] just awesome. They have the clients' needs at heart and they do such a great job and they really change people's lives. Clients just feel so supported like, 'This person's on my side maybe. It's the first time that I really felt somebody was on my side.' I heard that quite a bit. There are some great people down there."

One referring agency respondent talked about the positive changes Detox has made over time: "We used to hear stories about just judgmentalism coming from the staff… and we hear a lot less of that. It seems like more…and again, I don't have hard numbers on this, but that our referrals, people will go a bit more easily. It just seems smoother, you know. I feel that we've had less residents or less people that we work with saying, 'I don't want to go to Detox.'"

3. Facility/Food

Even though most of the comments from the referring agencies regarding the physical Detox center were complaints about the lack of space, one commended Detox for dealing with this limitation well: "I admire just how well [Detox] does utilize the space that they have. It's got to be very difficult."

Another recognized that space is not always the most important issue: "It's wonderful [that they can] stay in a more comfortable environment while they're detoxing, instead of perhaps the hospital where they feel uncomfortable or have all these other feelings."

4. Services Beyond Detox

Some sort of relationship with referring agencies is inevitable for Detox. One of those agencies commented on the quality of their rapport and what has helped to improve it: "Our relationship with Detox is quite good. What has improved tremendously is that they have opened up their mandate about who they will take. They used to have a very stringent list about who could stay at Detox and if people were taking certain kinds of medication they couldn't be there. And so for us it made it really difficult."

Referring agency respondents again referred to positive changes that were being made at Detox. One said, "We've got improved communication now... everybody feels for the most part that things are good and are much, much smoother." Another agreed, "I appreciate communicating with staff there and there's been more openness, certainly, in the last while, especially about making changes and about discussing things... And, you know, the staff, personally, seem to be good and communicative and helpful and encouraging."

From Detox Staff Perspective

1. Role/Function of Detox

Basic Role

Staff commenting about the role/function of Detox tended to talk more about the overall goal of an agency like Detox than the specific role Detox plays in that purpose (i.e. managing addictions and functioning normally vs. a safe place to sleep while detoxing). As one staff member said, "We see people through withdrawal, but that isn't all we do. We do...more. We do keep people sometimes a little bit longer. You know, trying to help them get a little bit of a footing." Another staff member talked about how they gave that footing: "When you're not feeling well, you're fuzzy, you're physically sick. So what we do is called... planting seeds. You just kind of put little seeds in them and hope that when they leave that something will grow... What we do is the referring and we do basic information giving, encouraging AA because that program works."

Staff members understood very clearly the need to be function within their mandate, while being flexible when people's needs don't always fit perfectly into pre-defined solutions: "The only thing that we get kind of black and white about is our priority here is recovery. It's to detox...If people have spousal situations, court situations, abuse situations, we're absolutely going to help them get into those things. But we're not qualified to do that and we make it really clear to people that those are specific things...But people will come here as a respite almost. But it's like, 'Hopefully we're going to help you look at changing your life and moving in that direction.'"

Programming

Another function of Detox that staff saw as beneficial was the regular programming: "We have an opportunity in the morning to spend a bit of time with them and it's called a meditation time. But it's just kind of a reflection thing and it's usually open enough that people get an opportunity to say whatever and you can have discussion that goes all over the place...It can get people starting to think about something different than what they're doing. We have an awareness session in the afternoon showing educational video. And then have some discussion. Those things work really well."

Another staff member felt that the extended programming worked well: "We have a day contract that we do offer to people. If somebody stayed for a period of time, four or five or whatever number of days and they're asked to leave because we need the bed or we've done what we can do sort of thing, they can come back for up to two weeks, come through the day, from 9 until about 3 o'clock in the afternoon and participate in these activities. They're expected to go to a meeting at noon. They can have lunch with us and…those are pretty good things."

2. Detox Staff

There were several positive comments from the staff members at Detox regarding their co-workers, such as, "I think the staff here is really good. It takes a certain kind of person to work here anyway. People that want to help other people," "I think there are many workers at Detox that are treating the clients with care and respect," and "A lot of the staff in Detox have knowledge of all the services available in the community and are more than willing to help out. "

One staff member talked about how important the clients' perception of the staff is: "One of the nicest things that somebody said to me was one morning [and] there were a couple of the guys heading out and the guy left and then he came back to the door and he said, 'Do you know why we treat you with respect?' And I said, 'No.' And he said, 'Because you treat us with respect.' And I thought, wow. Right on."

3. Facility/Food

In regards to caring for the basic physical needs of their clients, staff members generally felt that they were doing a good job. One said, "I think that they're provided for very well, [regarding] nutrition and their safety and their comfort. I think it's a good facility to take care of other people." Another said, "I think on one level we do a really good job there. People are safe. Health-wise, I think they're safe. They come in; they get a clean place and a decent place to stay…it's a very welcoming and encouraging place."

A third staff member compared it to what they had heard about similar facilities elsewhere: "It's a very clean place. It's a comfortable place for people to come. From what I hear it exceeds what you would find in most Detoxes across the country as far as people come in, they get a bed, a clean bed, clean sheets and all the rest of that. That part of the thing is pretty darn good. They get some pretty decent food while they're there."

4. Services Beyond Detox

Staff recognized the need for having a good rapport with the agencies that generally deal with the same clients. One talked about the RCMP, "I think we have a pretty good relationship with the RCMP, actually. They're pretty good if we need them to come pretty quick. It's not too often that we need them for anything like "Come immediately!" kind of thing. It's just the occasional time we've had it. But they're pretty good to come back and they're pretty good to tell the people now that, you stay here for such and such a length of time and if you leave before that they're going to be calling me." Another staff member talked about counselling, "Another thing I think works really well that I've seen so far is I know that staff will really encourage clients to utilize the outpatient counselors. And I think that there's…what seems like good communication…between outpatient counselors and Detox staff.

5.3 Summary of Findings - What's Not Working?

What's Not Working?

From Clients Perspective

1. Role/Function of Detox

Activities

One of the clients' biggest complaints was about the limitations on TV channels and the hours it was available: "And another thing why, like there are only two clients right now and why can't we watch anything on TV that we want, not Discovery Channel or the news channel? Like, why is that? ...Or if I can't sleep at night, you know like if you're coming off your addiction it's hard to sleep sometimes… And I'm just laying there. Why can't I just sit up, you know, sit up and watch TV or something, like keep it down low." Another client said, "If there's alcohol or drugs, anything involved in a movie, no, we're not allowed to watch it. But they show addiction movies. There's no understanding there, because you know there's something that we could learn in the background… Like, how long do I have to sit out there and watch Discovery Channel? What am I going to learn off Discovery Channel? Or listen to any news all day. [Laughter] That's no fun." A third complained, "Sometimes there's only like one person here. Sometimes – one time there was only me here and there's nobody to talk to. It was strangest – I've got to sit there and watch Discovery Channel or listen to the news. Like, I want to watch something to keep my mind, like off of things."

Clients expressed frustration at not being able to have any activity or noise after a certain hour: "We're all adults; I think we should be able to stay up a little a later. I mean, eleven o'clock is kind of early…I mean, you do need to rest and we can't have people staying up all different hours of the night, I understand that… Some of the movies start at ten and we can't watch the movie because it's going to end at eleven. We can't watch the movie. So, that's your free time and your time to think, whether you want to read a book or watch TV or whatever. I just think that twelve o'clock would be a good time to go to bed, myself." Another client said, "The client's going to sleep at night, why force him to go to sleep. Why can't they sit up? You're not going to have that TV full blast, because I'm used to sound to help me sleep. Always to help me sleep I'll have my music going or TV going all night long."

One client expressed frustration at feeling closed-in for too long: "I can't be closed-in for seventy-two hours…Here – stay here seventy-two hours before you could go out and take a walk and I'm usually outside, like I can't. And appointments… well, what if I had a DIA appointment? What if I had a doctor's appointment?"

Medical Concept Detox

Some clients were aware that other Detox facilities could provide medication a little easer than in Whitehorse: "Prince George was hooked on a hospital and they had a medical. You could take something to come down. Don't get nothing here unless it's prescribed."

Clients were frustrated at the limitations surrounding medication dispensing: "If a person is coming off alcohol and I don't know, withdrawals, or something to help you sleep, or headache, can't they provide Extra Strength Tylenol or something, or anything?....You can't bring any medication in here anywhere. Only unless it's prescribed by a doctor and I got high blood pressure so they have to give me my high blood pressure medication every morning."

Withdrawal management

Clients were aware that Detox is unable to help everyone: "They walk out because they know they're too sick and they want to stay but they just can't handle it. So they walk out and they go back into the street. They really want to straighten out but because they know they're not getting the kind of help... It's just that after they come down and they need that support to get through the withdrawals, I think that's where it comes to. Because I've talked to a lot of people about it and they said, "I don't really want to stay there. They're not going to help me."

Recovery

Expressing a desire for a more structured recovery system, one client said, "I think there should be daily meditations in the mornings a little more and I think they should have…a couple of things. Something in the morning and something in the afternoon. They do do stuff in the afternoon, but they should have an intervention in the morning and evening. And have like a little test on what you learned, or something like that, where they ask you how you see it, with everybody, in group."

Length of Stay/Admission

Frustrated at the requirements for admission, one client expressed confusion about how the system would work for someone who was already sober but wanted more help: "Another thing I see, before checking in here is that you've gotta be intoxicated. You gotta be on a drug before you come use this place, like that's strange. I don't know, like what if you wanted to sober-up, you're gonna come in here drunk…Yeah, and then you're not allowed back (for) twenty-four hours if you leave on your own, eh."

Another client didn't like staying for a long time after being admitted: "When we come in we're supposed to be here for 72 hours before we can leave. I don't really agree with that but that's just part of their rules, I guess."

Bias

Some clients perceived a bias in staff's attitude toward certain groups. One explained, "Like I said when I came here… you know addictions are addictive, but there's some that I know they tend to lean towards First Nations and alcohol." Another client agreed, "I feel there're a couple of them that – I don't know. They just seem more concerned with First Nations and alcohol….you know I can feel prejudice too. It gets me. Yeah, that's what I felt and even said that to the day shift here. And they said, 'Oh, no, no, no. Don't feel like that.' Well, I felt that even last time I was here a year-and-a-half ago, but I didn't say anything."

Other Clients

A couple of the client respondents were frank about how Detox functions for most clients. One said, "I just wish more people would take it seriously and that. Like, I mean, it's hard I know to come in here and you're used to be hurting everyday, but it would be nice if there was some way that you could get through to the people would know enough to stay in that extra….instead of getting healthy for three days and going back out and – which I know is probably most common; like probably nine out of ten people that come through here… it's too bad there isn't a way to get it through – there's a better way to get it through to people that they should stay in. It's here to try and make people better. Hopefully I'm going to be one of the exceptions that this all works for." A second respondent said, "I know these people and once they get kicked out of Salvation Army then they come here and they go back and forth….they're abusing the system I think."

2. Detox Staff

Detox clients seemed to like most of the staff, but mentioned frustration with a few of the staff members. One said, "The majority of the staff, are very, very good but there's a couple of them that are pretty cranky and they make you feel like getting out of here." Another said, "Sometimes things don't work with all the staff in here. One staff is not the same as the second staff… They should alternate the staff." And a third said, "The day staff I don't mind, but the night staff… they pick on one side – I won't say her name, but I don't get along with her. You know, she seems like she owns the place… [She is] just rude with certain people and then certain people she'll like."

The need for being emotionally level was also brought up; "They could have a bad day [which] they shouldn't be bringing in here."

One client talked about having staff who have 'been there': "People who have been through alcoholism know what it's like because they understand that. They know where you come from or they have an idea where you're coming from. Other people have read it in a book."

3. Facility/Food

Clients who had issues with the facility generally talked about size limitations. One client said that there needs to be a separate recovery room, "There can be 8 people in detox. There are people that are in recovery for several days and people that have only been there for 1 day. There is no recovery room. You could be in meditation or watching the recovery videos and someone is making toast and tea right in the same room. Now, the one-day people are mixed with the recovery groups."

There were also general comments about size, such as, "More room would definitely be good," and "I think you could use a different place, sure… Oh, the common area, the kitchen, we can't all do anything at once. It's cramped."

Other comments about the facility/food were given a bit more casually: "Maybe a bit more comfortable bed would have been a little nicer but it beats the floor, so…", "Okay, the beds are too hard (laugh)?" and "Vegetable soup. It's chicken now."

One client expressed frustration at the plastic mattresses while simultaneously acknowledging the reasoning behind them: "The only think I would really like to change, but you can't…You've got to have the plastic mattresses and that. They make you sweat. I sleep on top of the blankets and put a blanket over top of me because it just makes you… Same as the pillowcases. Plastic, too. But I use my housecoat….Because you're sweating to begin with and the plastic just makes you sweat more. That's health problems right there. I can see where that goes."

4. Services Beyond Detox

Need for Halfway House

It was brought out several times that the places Detox clients go to after detoxing just lead right back to substance abuse. As one client said, "You may have stopped drinking but all these problems are still here so you're right back up where you just came from. You're still on the street. You're still in the same…Whitehorse is a small town. Three blocks over is the bar. Two blocks over is your friends. Two blocks over from anywhere around… So you come back down and there are alcohol and drugs are everywhere…All there is. And you won't last long." Another said, "There should be… a safe house to go to. We (people) leave here and from here go to a hotel. These hotels are full of people using drugs and alcohol. I have stayed in all the hotels in Whitehorse; they lead to drugs and alcohol." A third client said, "They should have more places for people. There's some that want to quit but they hang around with the same people all the time. They don't have nowhere else to go but the same people to hang out with."

Clients strongly expressed a desire for a safe place to go after detoxing in order to make 'getting clean' a lot easier. One person said that when he leaves Detox there is nothing else to do but go drink; a halfway house would be a place where he could go where he didn't have to just drink to pass the time. Another said, "I think it would be nice if [people coming out of Detox] went to a safe environment and if they really wanted to do something about their drinking… if they went

5.3 Summary of Findings - What's Not Working?

somewhere else then they could talk about your problems, talk about what goals you want to take and then you'd be better off to go to another place from here."

One of the main reasons clients were looking for an additional service was that the treatment programs at detox aren't being run all the time: "There's a lot of people who come and they stay and they want more, but there's nothing more. You've got to wait two months to get into treatment or you've got to go out. So then they check out. But if there's something here to keep them here…Like if there was something in conjunction where you come here and if you're here for seven days and you seem like you want it and you're willing and all that stuff, that there's another centre ready to go."

There were many ideas about what a halfway house would have to offer. One said, "If you went out and you had a place to stay and a meal in a safe environment where you can make phone calls and people could phone you at, where someone could…Looking for a place to stay, you need access to a phone. Somewhere to contact you." Another said, "I think a place to have a bit of aftercare. Because… when I get let out of the program, they give you a month of program, they are still right back where they started. They've not moved anywhere. They may have got the tools but… Chances are they aren't going to have a success."

Another client made some suggestions as to how they would like to see it being run: "It would be, after you leave here, there's already a treatment centre going on right now. Somebody can't get in there right now because there's one going and there won't be another one going for two months… I'd like to see a place, like a house, they have for addicts and alcoholics to stay there and they can actually have in and out AA and NA meetings. And they live there. They pay rent by the room through Welfare or through Pogey or whatever and they pay rent at the house and government helps by funding food and stuff or just picking up all the rent money. And they have counsellors that run the house that make sure what he's doing and not using and doing the meetings and doing the share of cleaning and their chores. And they have guys 24 hours a day there doing that…they could have a six bedroom house and two guys in each room. That's twelve people that could be living there. And waiting to go to treatment or just getting their life together for a few months. Like finding a job, getting on track or finding your own place. Finding a sponsor. Getting to meetings. Meeting other people."

Other clients had strong opinions about the location of such a halfway house; "If you're right downtown, boom, it's two minutes and I've got it in my hand and I'm high; whereas, if you're out of town and you're walking down the road for a few minutes hitchhiking you have that time to change your mind and go back or you have the land where you can be out walking. Like here you go walking and you see the bars and you see your friends; whereas, you know when the person is going through personality change like that or recovery change like that, you almost need to be away from the things that you see and you recognize that… until that change has rooted in yourself enough that you have the strength to tell those people to go away or you're not interested in that bar... So out of town, definite; for detox centre, in town is best because it's right here, but for something like a recovery centre, it should be out of town for sure. So that if a person is having a day and they want to take off, at least they've got twenty miles ahead of them be like, "Oh, fuck is this right thing?"

A second client agreed with the idea of having a location out of town for a halfway house, "Somebody else who doesn't maybe have half the gumption that I do… they're just kicked out and they're just walking around. It's just a matter of time before they're using or their high or whatever again and then they're back here doing the same thing. So it would be so great if there was the option where, hey, with Sarah Steele's sister building up in frickin' Marsh Lake or whatever, Monday morning there's a shuttle bus here and if you need, if you want, to change your life, well, let's go to this continued care facility for four months where you just go in and it doesn't matter. It's not like the whole group has to start at the same time and you're not waiting for a couple of months… I can see where some people need a safe place or they're going to die if they don't get a couple of meals and rest. So that's all this place is, really. And I mean, of course, they do more though because that part doesn't exist. They… try to set you up for treatment… Like it feels like Monday morning, when they it's time to go, it's like okay, I should have the choice whether I want to go back to the street or whether I want to continue and maybe see that, yeah, I can make changes in my life and there is help out there that I can do that. You know, where really there isn't."

Need for broader shelter-type services

One client talked about how he uses Salvation Army for shelter, but they are open limited hours. On the weekend he has a lot of time between when he has to leave because they close the doors until they open it up again. He said that there are lots of fights there; however, he feels safe most of the time.

Need for a more confidential environment, or services outside of Whitehorse

While Whitehorse is the largest of the communities in the Yukon, it is still small enough that everybody in a certain circle knows everybody else. As one client said, "You need a place where you can go and you can talk to people you don't know, who don't know you, that you can let out….Like, I'm not a raper or murderer or anything like that but I do have things I want to share that I just don't want other people to hear. And especially getting it around town sort of makes it hard for you to share, to get honest. If there was a place that you could go to and come back with different people and you never have to see them again…" Another client agreed, saying that perhaps leaving the Territory would work best for him: "Somebody mentioned yesterday that one of the guys that's in here now used Salvation Army or talked to Salvation Army, anyway. And he's going to Edmonton for the three month program. I think I need to do the same thing."

However, one client who had gone to Alberta for treatment found that coming back to Whitehorse was extremely difficult. He said, "Then when I came back here to this community there was no backup help….I didn't get no support. I didn't get no backup support after being out there for fifty-two days and graduating. Like there was just people putting you down instead of looking up, like be proud of you, eh."

There are limited resources for people struggling with addictions in the communities, and travel to Whitehorse is not always feasible: "Well definitely more addictions - in like counseling type of thing in the communities, definitely."

From Referring Agency Perspective

1. Role/Function of Detox

Recovery

The referring agency respondents were quite realistic about how a service like Detox could easily be abused by its clientele. One respondent talked about how detoxing actually meant a chance to get a bigger high: "I mean, after they get mostly detoxed, many of them will just leave because what they're looking for is 'If I can get detoxed then I can get high again.' Like, after you drink and use for so long, no matter how much you use, you don't get high anymore. So if you get clean, then it gives you the chance to go back…"

Other referring agency respondents talked about the limitations of having Detox only open to intoxicated people. One said, "I've heard some people say that they would go to Detox even though they weren't intoxicated right then. Sometimes people would, you know, they'd go and have a drink just so they could get into Detox." Another said, "I talked to one guy… a chronic alcoholic. And he had quit drinking for I think it was about twenty-one days or something like that at the time. And he was saying that he felt that he couldn't go to Detox because he wasn't drunk... This is a person who, I think, doesn't get along with AA. A lot of people with addictions have a problem with authority or very rigid systems. So for him to have the ability just to drop in and have a cup of coffee and chat with somebody would be a real positive support mechanism for him. So I think Detox staff should be allowed to do that."

Policies

Several referring agencies commented on the reasons why clients might be less likely to go to Detox, including the perception that the policies are too stringent or cumbersome for some people. "There are a lot of 'hoops' to access detox. Clients don't like going because they have too many rules and they have to 'jump through hoops'."

Another referring agency respondent admitted that while the 'hoops' appeared to be necessary for Detox to maintain its' unique role among the agencies, the extra effort involved for the clients in coming to Detox may be a deterrent to potential clients: "It's not meant to be shelter so it can't be treated as just a place to crash… there's just not enough housing, emergency housing for people in Whitehorse so detox is often as a temporary place to stay, as shelter. So they have to have some rules to try and prevent them from just becoming a shelter and trying to engage people in programming, but there's, in my opinion, there's still a lot of hoops. Like, it's not really easy. It's easy to access and go in, but you have to – there's so many conditions attached."

Youth and women

Many referring agencies felt that there are segments of the population that aren't being adequately serviced, and that Detox might be able to help in some of these areas. One of those population groups was youth: "There's an age where they fall between the cracks where Family and Children's generally won't deal with them even though it's their mandate. There's no youth shelter. So to me that's a gap that may or may not be able to be addressed by Detox" Another respondent talked about getting some Detox staff who could deal specifically with any youth: "I think also with the increasing use of cocaine and crystal meth that there are going to be more young people there. So I think it would be good if they had a counselor there who specifically had an interest in youth and had some expertise in youth counseling and was able to do some of that youth outreach as well."

After youth, the next population group that referring agencies felt needed more attention was women. One said, "I think they need to start looking at youth as well as women as an increasing client population… But if they had a larger facility and maybe had one sort of separate kind of wing or… place [to] go so maybe not to be in with the rest of the population." Of course, oftentimes reaching out to women entails dealing with childcare issues; these issues might be the ones preventing a woman from coming in to Detox in the first place. As one respondent said, "I think that women who go to Detox or who should be going to Detox or who want to go to Detox, have a problem with child care… I know some of the women that I did talk to there, one of them anyways, had to make her own child care arrangements so she could go to Detox… I think if there was some capacity for that they might be able to reach women before they lost their children."

Medical Concept Detox

Clients who have mental health issues or who need to be on other medications pose a significant problem to the way the Detox centre is currently set up; this was an issue that Detox was aware of and was attempting to resolve. "There are some psych meds that they don't administer so people who are taking those meds can't stay at Detox….There's nowhere for them to go… It's a real service gap in the community. Now I know Detox is trying to address that… We're really supportive of them finding someone who's medically trained to be able to administer some of those things that they can't currently do."

Referring agencies expressed concern about Detox turning away clients who were on medication: "He was willing and wanting to go to Detox, but they – because they don't have the medical professionals – wouldn't do it because he's on methadone… Nobody there could administer methadone… So they weren't going to let him stay there."

One referring agency respondent talked about needs beyond just medicine administration, including the ability to transition into treatment without much waiting: "A complete – a true medical detox that has health professionals, nursing, a doctor attached to it with the ability to do IV's [and] have medications beyond sort of their standing orders. And then, once you've done your one week of medical detox or two weeks, whatever you need; then you can shift straight into treatment. Because if you're at the point where you're ready to go and think about cleaning up or sobering up, it's a golden opportunity to engage somebody into treatment and it keeps just getting missed because there's just not the capacity to do that."

Concern was also expressed with how the staff dealt with clients with mental health problems: "There's a problem I think with people who have behaviours related to mental health with the staff down there. Some staff down there don't feel confident… with it and so there's problems around visible mental health difficulties."

Finally, one respondent talked about an additional advantage to having medical services attached to the detox facility as a prime opportunity to look at their feet, teeth and other medical issues. "There are no medical services for this population."

2. Detox Staff

Management/Consistency

Referring agencies inevitably hear feedback from their shared clientele about Detox staff and management, as well as forming opinions from dealing with them personally. One said, "Clients report that it's okay to do this with one staff and then the next staff shift change will come on and it's a whole different game." A second agreed, "There's personality conflicts with some staff in Detox. So different clients will like different Detox staff… There's some really great staff down there and there are some that aren't so great. And some clients end up in conflict with staff or with the rules or with the facility."

Talking about staff/management relationships, one respondent said, "I think the management part of Detox needs to relax… I just feel that there's a lot of stress put on some not-so-significant rules that make it difficult for clients and for staff."

Personal Suitability

Respondents offered several suggestions on possible reasons there were conflicts between staff, and/or staff members and clientele. One said it was experience: "It's really important to [the clients] that you do some form of experience and that's one of the first things that they ask you when you're recovering." One respondent suggested that staff at Detox get some guidance in dealing with conflicts: "Some of it might be training around diffusing… I think some basic skills training would be really helpful for a lot of people down there and I think they've asked for it. And I think it's starting to happen. You know, around communication and picking your battles, which is conflict resolution, power struggles."

5.3 Summary of Findings - What's Not Working?

Outreach

There is a delicate balance between outreach, staff, clients, and space. While some indicated that more outreach would be nice, they acknowledged this balance: "I think if they had more staff and if they had the ability to do more outreach. Although, the more outreach, the more clients. And the more clients, the less ability to serve them because they'll be full."

3. Facility/Food

Size of Facility

The referring agencies recognized the problems of having a small facility for several reasons. First, for the safety of anyone in the Detox building: "Physical safety... Let's say, for instance, you had a methamphetamine client who is now really affected psychologically by the drug and is violent, in a small space like that they could do a lot of damage to a lot of people before they could get that person under control."

Also of concern was the safety of specific clients. One said, "Sometimes there's not enough beds at Detox... Because there's limited beds there's often not a bed for women... One thought I just had that can be a challenge is we've had women go there and then they can't stay there because their abuser is there. So, how to make that work." Another said, "I think on some occasions it might depend on who's on the men's side. You know, if it's somebody that they've had problems with in the past, then they're not going to feel safe there. So I think if the facility was a bit bigger then those kinds of fears could be alleviated a little more easily." A third respondent agreed, "I think a bigger facility that had more room, that maybe we're able to separate men and women's areas. That would alleviate some of the issues. I'm a really strong believer in harm reduction."

Secondly, the referring agencies were concerned about how the facility's lack of space affected the clients' experience at Detox: "It's cramped. It's not a purpose-built space. Obviously, that almost looks like a kitchenette and a shower... it was built for maybe nurses... And here they are housing however many...It should be open, it should be airy, it should be bright, there should be space for people to move around in. I mean, I can't imagine being down in that little space for ten or even two days, just stuck with other people so close." A second respondent said, "If you get ten people in there, they're crowded. They're crowded in their sleeping and their crowded in their leisure times, like outside of their rooms. It's crowded."

Of course if the facility is full, it means that Detox has to turn away clients, which is always a concern: "There's not an extra room and there aren't enough beds. Because I know people do get turned away from Detox, and then where do they go? Back on the street."

Third, having a larger space would mean the ability to expand services to the clients. One respondent said, They're a little limited because there is no examination room, so I can't do things like a female exam." Another agreed, "I think their facility is deplorably overcrowded. They don't even have an intake room... And they aren't being able to respond to in the way that they would like to be able to and that the community needs...When I was there interviewing staff, there's one office at the front of the building. Well, a woman had come for help and the staff had to interview in the entryway. There was no other place for this woman to be interviewed...How can you have client confidentiality there? If someone came, another client came or some else walked through the door. Because they give coffee to people and things like that, and that's a valuable part of the service. That keeps up a rapport with a really hard to serve population. And that's necessary. So, they're just squashed into that tiny little space. It's ridiculous that they don't even have an intake room. Or a quiet room where they can take someone to go through the intake process."

5.3 Summary of Findings - What's Not Working?

Another respondent talked about how additional space would help them be able to serve a more diverse clientele: "I think they need to start looking at youth as well as women as an increasing client population…I think that they need to be able to serve those…to serve youth. And that usually requires a little different set up… if they had a larger facility and maybe had one sort of separate kind of wing or… place where youth could go so maybe not to be in with the rest of the population."

4. Services Beyond Detox

Halfway House

Like the Detox clients, referring agencies were quite insistent that a service to bridge the gap between Detox and whatever programs were offered would be incredibly beneficial. When asked what was needed beyond Detox, one respondent said: "Well, a halfway house. Whitehorse has nothing, basically, and there's nothing for it. It would be great for Detox to be linked to a halfway house so that if they did get overcrowded and you had someone who was mostly detoxed, you could have them go and stay and at least that would take care of some of that crowding problem. But a halfway house would be great for after treatment because people basically finish treatment and they've got to go back to those same homes, same situations… Support workers. So it would be a place where people could actually live for an extended period of time while they get some life skills as well."

Other respondents said similar things, talking about having a place to stay between Detox and treatment programs:

> "One thing that I think would be helpful…is that when people are trying to get sober, to be able to have a safe place to go while they're making their plans and taking steps to address their issues and say, get into treatment… someone would be maybe at Detox and would be thinking about going to a program and maybe it would take a week or two to get that all organized, and Detox would have a policy that they could only stay a certain number of days and then they were out. And there wasn't a lot of room there for helping someone really get their plans together so then they would be starting to feel better and starting to think straight and making their plans and then the next thing you know they would be out again and they would be lost rather than being in a safe environment in order to get their funding and get their plane ticket and get their supports all in order and say their good-byes and do that and then go off to a treatment program."
>
> "What happens here is we get people in who are genuinely wanting to stop. They do stop and they'll stretch the time to ten days, maybe two weeks downstairs, which is not what they're supposed…You know, that's not what the facility is designed for because there's no place for them to go and they've got to go back out into an unprotected environment."
>
> "I think some of them want more, like the ability to go in, do your medical detox and then stay and move straight into treatment, which, that doesn't happen. And we have to get on the wait list for the in-house twenty-eight day treatment program and if it happens to be you're female and it's the male month, you're looking at another month or more to get in. So continuity of care doesn't often work for them."
>
> "In the case of addictions, if they come out of Detox and they want to get into a longer term program, where do they go in the interim? If they're homeless, where do they go? There is no place. They need a supportive environment. People coming out of treatment need the same thing."

Or even a place to stay that is safe after treatment and before returning to their community:

5.3 Summary of Findings - What's Not Working?

> "I know particularly a lot of First Nations people do that. You know, go out to long term, their long term treatment programs, six months and they come back and there's nothing for them. And a lot has stayed the same and it's really easy to get re-involved....Some kind of halfway house or something that was here for people with programs to help make that transition from being gone and then wanting to come back to your home community."

It could be a place to stay for people who had started the cleaning-up process and needed some help with it:

> "There needs to be a transition home, place for people who are in transition who are starting a substance-free lifestyle and trying to be responsible and don't have anywhere to live... They're just trying to get a safe place to live. For when people come home from treatment program or for when people are just trying to adopt a substance-free lifestyle on their own, a safe structured environment that would help people with these plans. That would be really, really useful for men and for women."
>
> "...it would be one or two staff there just to monitor the comings and goings and what's going on in the place and perhaps the same person or a different person could help people with their practical and emotional and those needs. Trying to stay sober... or drug-free when the going's tough and there's been negative influences on someone's life and difficult things happening. And also to help with the practical things, whether it's setting up a bank account or finding an apartment or transportation to and from looking for an apartment or just all the kinds of things that might help. But even planning a budget and things like that. Looking for a job. Support."

One was specific about women's' needs:

> "I think there needs to be a halfway house for people coming out of the criminal justice system for women. The Ark doesn't really take women. To help them get on their feet, I think there needs to be some sort of a halfway supportive kind of house for women."

Mental Health or Medical Facility

Referring Agencies again talked about the need to have a medical detox-type facility to service those who had mental health difficulties or who were on medications. "There are some psych meds that they don't administer so people who are taking those meds can't stay at Detox... There's nowhere for them to go... It's a real service gap in the community."

When clients weren't able to be admitted to Detox because of medical/mental health issues, other services were encumbered with dealing with the detoxing process. "The emergency room is used as dumping ground for all of these intoxicated patients and they're disruptive as anything in emergency. They're time-consuming. If there're real emergencies happening, they're hard to deal with... often you have to restrain them, or I've seen them handcuffed to stretchers because they're trying to get off. They're trying to rip out IV's. They're wandering around... If they're not going seize or you have a protocol in place for seizures, there should be a medical detox for that, so that you're not using emergency care."

However, dealing with prescription issues and mental health issues are very different, so any change would have to separate the two: "I think we definitely need a psych ward. We need a mental health facility. There's just no doubt about it...There's a couple of beds that are designated on the medical ward which are always full to overflowing... But that's an unsuitable place because...these people have behaviours, they disrupt everything, they're not suitable on a medical ward... I think it's a fairly small proportion of people who are in acute detox who need... medical supervision... because they're that at risk. So I think that's a very small number, but we don't have it… This is a very long-term problem, ongoing need. There's been a couple of studies again that say that we've got to have this... In my mind it's like the critical need for both those purposes."

Other referring agency respondents commented on how making Detox more medically-oriented would help serve a missing part of the clientele's needs: "It would be nice to have some kind of clinic attached to it where they could get a full, complete health checkup. It's a golden opportunity, they're there, to do a complete assessment, look at feet, look at skin, wound care, that kind of – dental problems. So that medical piece is missing." Another respondent said, "Yeah, it could be very, very basic… But kind of a one-stop shop… Where they could be looked after, you know their physical and their emotional and – a holistic, a holistic health centre where – and they would feel comfortable. A non-judgemental setting where their services could be provided that is especially for them."

Services for Youth/Women

Again, respondents talked about the gap in services for youth: "There's an age where they fall between the cracks where Family and Children's generally won't deal with them even though it's their mandate. There's no youth shelter… we're working with substance-involved youth who may need Detox services."

They also talked about the need for additional services for women. One said, "A large emergency shelter. And emergency shelter for women. Most women are afraid to go to the Salvation Army. And a lot of referral agencies send women there as a last resort because it's pretty rough. The crowd that uses it is pretty rough and the chances of a woman find a past or present abuser there are quite high… The number of beds the Salvation Army has is not adequate at all. Not for men and definitely not for women." Another agreed, concerned about the women's safety: "I think there needs to be an emergency shelter for women where whether they're drunk or stoned or high on something, they can go and sleep safely. The current regulations at Salvation Army and Kaushee's, if they're allowed, the person can't be under the influence of anything. So what happens to those women who are? Use your imagination."

Frequency/quantity of treatment services

Because of the way the treatment services program is set up, the timing of the beginning of a program for a man or woman might be several months from when that man or woman was ready to begin treatment, leaving a long gap of vulnerability for them. As one referring agency respondent said, "One problem that we found is that there perhaps aren't enough treatment programs and perhaps the program, because it is simply a 28-day program, it maybe is not long enough or intensive enough… There are only are maybe four to six programs a year… When someone is ready for treatment, they're not always ready at the same time the program's ready and the program isn't ready at the same time they're ready… I think we lose a lot of people that way."

Funding

A few of the referring agencies mentioned that an increase in funding would be of great assistance: "It's just really tough that there aren't more treatment services in the territory, is really hard. And so in some ways maybe they get blamed for that lack of service but…We need more money that's committed to this. It is just such a huge thing that just has big tentacles into all other areas of social concern."

Another comment about financial support dealt with clients who ended up leaving the Territory for their recovery: "Another problem is the funding for such programs… And I don't know if Alcohol and Drug Services could have some kind of funding in place or some kind of arrangements, say, with Social Services because, for instance, a lot of the time people can go to a program and…for instance, Salvation Army programs…it's a four month program but often the Alberta Social Services will pick up the tab. But the client or the Yukon has to pay for the first month. Now that's very nice of Alberta Social Services to do that but, you know, when you would think that the social services here would be willing to contribute the whole month earnings towards that first month because it means that they're, first of all, they may be helping someone get off social assistance when they finish the program. And secondly, if they're going to be in Alberta and the tab for their housing and food and everything is being picked up by Alberta, they're saving three months' worth of financial assistance."

Affordable Housing

Finally, one respondent talked about the problem in finding an affordable and clean place to live in Whitehorse: "The lack of affordable housing in this town is appalling. Affordable, safe, clean housing that you actually might want to live in. I think a lot of chronic alcoholics pop in there."

From Detox Staff Perspective

1. Role/Function of Detox

Difficulties with Role/Function/Management

Awareness of the tension between what Detox's formal function/mandate tells them to do and what Detox is capable of dong for clients came through in many of the responses. Staff felt this tension the most and one articulated it clearly: "Well, Detox is…they're a shelter, they're a crisis centre, they're somewhat of a medical facility. They're counselling. They're drop-in. They're basic addiction education. They're a home…our mandate is to provide a safe, secure environment for people to withdrawal from alcohol and drugs…If it doesn't have anything to do with that, in my opinion, you're in the wrong place. But, having said that, you're dealing with human beings so I've been known to stretch my outlook oftentimes…On a day like today, for instance, you show up there tonight stone cold sober, have no desire to get off booze or drugs, but it's forty below zero. And we have four or five spare beds….we're dealing with human beings and they don't act according to any plan. So you need to be versatile and you need to trust the people that you employ to make some judgment calls and support them in those calls that they make. Not say, 'Oh, you shouldn't have done that and you shouldn't have done this and why did you do this.' So you're under all this unneeded or wanted stress and what happens is eventually, as it carries on, people don't want to decide anything so they go, 'Okay, no. Policy says no, no, no.' And now you've got people going to their MLA's, you've got people going to managers and directors and it all filters back to what are you doing? And you're the guy on the front line and you catch every bit of shit that's flying…And then we're supposed to be really compassionate and understanding and caring."

Because there is room to make judgment calls, there ends up being negativity between those who feel that Detox is doing too much and those who feel that Detox could or should be doing more than they do presently. Either way, staff were very aware of being asked to function on many levels outside of their basic role of withdrawal assistance: "We're trying to be too many things to too many people. We're a Detox centre and let's stick to doing that. We're not a mental health daycare facility. We're not a youth daycare facility. We're not pre-treatment. I think I would probably come up with a few more things that we're doing that we shouldn't….It's a detox facility so you're assisting people providing a safe, supportive environment for people to be going through alcohol and drug withdrawal."

5.3 Summary of Findings - What's Not Working?

Recovery

This balance between sticking to withdrawal services and providing more help with recovery has tilted back and forth over the lifespan of Detox, and many staff commented on this see-saw-type relationship they had observed over their tenure: One staff member said: "We did keep people for a little bit longer and we called it a transition sort of thing. And sometimes they did stay longer in order to go into the 28 day program, but not necessarily all the time." Another said: "And then later on we realize that we need more room for people that are sort of withdrawing. So then what happens was for the... people that were here longer time, they moved transition upstairs and they would sleep upstairs when we didn't have program, right? But then there a problem that they were too much on their own and that's not going very good. Liability again."

Policies

Because there seems to be such flexibility in the role of Detox, staff members often did not know if what they were doing from one day to the next was approved by management, and expressed frustration at the lack of clear direction. One staff member said, "There's no vision, there's no direction; it's crisis management and they band-aid every possible scenario. Expect the unexpected and when it happens, we'll go outside policy for a minute... Again, you refer to the mandate to provide a safe, secure environment to go through withdrawal." Another said, "Policies kind of get confusing sometimes because things get lost in the shuffle and they somehow get changed and it's okay this day and it's not okay another day. Like our women's room, my understanding was that our women's room is our women's room now and it's just not anything else... A youth came in and was given that room. And that was okay. But my understanding was that it wasn't supposed to be okay."

Bias

One staff member commented on the bias they had perceived from other staff members: "No they aren't consistent...There seems to be a favouritism thing that's played once in a while here... And honestly, it's a racial thing sometimes. Maybe it's an unconscious thing that they're doing and that she does, but it's the white guys that are allowed to stay longer than the Native ones....they'll go the extra mile with a Caucasian... Now whether it's because the Native fellow doesn't really want to or they have a track record of not wanting...I don't know... Like a Native guy will get discharged before the white guy does....They play favourites. Like somebody they've known for a while, and it's generally a white person."

Activities

Within Detox there is a spectrum of illness level, and the needs of the clients who first come in differ from those who are almost finished detoxing. One staff talked about this balance: "We ran into problems with the well people versus the sick people. You know, each one of them have their needs and legitimately, right? The people that are well, you want them to get into life...you want them to do the things where they're laughing and joking and being happy. But on the other hand the other guys needed their peace and quiet." Another staff member communicated some of the frustrations of those who were no longer quite as sick: "The adults need something to do. They're always asking for an exercise room. I don't know how often. It can be the downstairs. "Can't we have some exercise equipment? Pool tables, something. Do something." They're just sitting there in front of the TV out there."

A third staff member offered a suggestion for a workshop during the day: "People from the communities, Blood Ties people, if they want to come in and do a workshop...We already have a nurse that comes in but other people from the Communicable Disease, [can] just open up their eyes all the time to what is happening and what could happen to them out there with that lifestyle."

5.3 Summary of Findings - What's Not Working?

Length of Stay Struggle

One of the more frustrating aspects of service for the staff was the irregularity in decision-making about how long clients were allowed to stay at the center. According to the staff, the detox supervisor makes the decision on who can stay and when and who gets discharged, so there are some favoured clients that get to stay longer than others. Staff members talked about two men that were allowed to stay at detox for 490+ hours to wait for a treatment program. On one day of interviews at Detox there were two clients that had been there for 190+ hours and this was the longest they had ever stayed. They were participating willingly in recovery and awareness sessions. On that day the supervisor instructed staff that these two individuals were to be informed that they would be discharged the next day. A few hours after being informed of discharge, both clients decided to leave a day early. All four staff members there at the time were very upset about this situation, but were familiar with the situation. As one put it, "That's the dilemma that we're always stuck with. 'Should we cut you off or should we give you one more chance?'"

Staff members often felt uncomfortable with the idea of being more rigid in the face of the clients' needs, and yet most were equally uncomfortable with the flexibility regularly shown to clients. One said, "You know, maybe we're too welcoming. Maybe we're trying to do too much in one respect. Maybe the harm reduction thing that we are doing, which I see is a good thing, maybe we shouldn't be doing that. I don't know." Another said, "I really struggle. I haven't decided in my own mind around this thing of making it more difficult to get into Detox… maybe our services would be more valued as a detox rather than as a place to come and stay. I don't know."

Many clients, either because they are not allowed to stay past their allotted time frame or because they choose not to, come in and out of Detox several times per week. The staff become frustrated with this, but don't have a clear way of dealing with the problem. One cautiously suggested, "I think it would be fair to be have a number: five, six or seven stays a month. And, of course, the supervisor can always over-rule that…I'm not even 100% sure if I'd be ready to really say for sure if that's the best thing to do. It's an idea to look at." Another agreed, "…the revolving door aspect of Detox. People coming in over night and then a day or two later coming in overnight and doing that for quite a while. And maybe have 15 admissions in a month... Something could be done towards that aspect for the care of the client because I think the client would be better served to have some kind of restrictions on them... I don't want to use the word "force" but suggest that they need to do something different than the overnight stays."

A third staff member compared the present policy with a previous policy: "[Referring to Hoge Street Detox Location] There were more restrictions over there. They couldn't come for 48 hours if they left. Here it's 24, which none of us like, because we're getting all the repeaters and maybe we're missing somebody that can't get in because the beds are full of people who just want a place to sleep. We are used as a flophouse a lot of the time, which doesn't help."

Perception of Public

There is a general preconception about the clientele of Detox which one staff member said in all probability limits its effectiveness with the general population: "I don't believe that we see everybody that's trying to stop drinking or using drugs. There's probably a whole lot of people working for the government that have positions where they feel they really couldn't go to Detox because I think there is a perception of who is coming to Detox…There's a whole lot of people that are sitting at home with their home and two cars and everything else that have addictions problems and realize that and need to do something. But I don't think we see very many of those people. And I don't know quite how you change that perception."

5.3 Summary of Findings - What's Not Working?

Medical Concept Detox

The issue of a Medical Concept Detox was a hot topic with staff members at the time of the survey because Detox was in the process of hiring an RN, and thus taking a step in that direction. This would enable Detox to serve a broader client population, including those with mental health issues and those who were on prescription medications. The staff was very concerned about the problems that could arise around changing to a medical concept detox for several reasons. One was concern that there would be inadequate training: "If you want to incorporate a mental health section, fine. Well, give us the training…And protocol and policies and all that to follow under... There was nothing written down…You know, it's setting them up for failure. It's all really what we did there." Another concern was for the other clients: "We're trying to be collaborative. In the past we didn't take a lot of mental health clients for the simple reason that the other clients were fearful. Didn't feel comfortable and would leave. Then more recently we have taken some. There was some animosity while at least one was here because of the special treatment plus you kind of neglected some of the other clients."

Staff members had quite a lot to say about the idea of a medical concept detox:

Pro:

There is always the chance that one of the clients that arrives at Detox has mental health issues that the staff don't know about, so having the ability to care for them medically could create a safer environment for all people at the Detox Centre. One staff member talked about how not having a medical facility could put clients in danger: "We don't have any training in it… We haven't had a schizophrenic I don't think, but just say for instance. Some pretty serious kinds of things and you can do some damage to them."

Having clients with serious mental health issues was less common than having a client come in with medication needs. Staff members became frustrated with all of the procedures that were currently involved in getting a client his or her medication: "Back in the home setting, with giving out medications, it was a lot easier to treat the clients that way, too because we were able to interpret medications and we were able to give whatever amount that the doctor had ordered. Whereas now… there's liability issues. All flags go up." A second staff member said, "There was a time when we… handed out pills as we felt it's needed. We had a wonderful working relationship with the doctors at the hospital. We knew our clients better than they did so they would ask us what our feelings were on how much. We were able to take orders over the telephone. And now, with this minimal standards, we put up so many barricades and obstacles and these doctors and these nurses."

Having a medical concept detox would help alleviate this medication dispensing issue: "We'll be able to do PRN (as necessary) medications… and that will cut down on sending people over to the hospital unnecessarily causing aggravation back and forth, back and forth." Staff were hopeful that this aspect of work would become a bit easier: "Like, making decisions as to whether if we can change maybe one client from one withdrawal medication over to the next, I think maybe they can take care of that whereas right now we would have to send them over to the hospital and they would have to be seen by a doctor and get the order changed and whatnot and then come back. Just lots of running around. So I think it will cut down on that."

Con:

Several of the staff members seemed to be unclear about what a medical concept detox would mean for them, and expressed frustration at the lack of communication on this. One said, "I don't really understand what the RN's roles going to be here, really." Another, talking about concerns about staffing and responsibilities when backfill occurs, said, "We've been told don't worry about that, we'll deal with it when it comes." A third just didn't see having an RN as being helpful at all, "I don't think we need a nurse. I don't know what a nurse is going to do here. I think yeah, we need LPN's and put that money that was going to go towards a nurse into having a doctor on contract more often so we could be in contact with a doctor… I don't know what the nurse is going to be doing. We're going to be falling over each other here."

There were concerns that management, not being medically trained, would not be able to provide effective leadership for a medical concept detox: "If you're heading in a medical direction, you need your leader to be a medical person. They need to know what's going on."

Staff were also quick to point out that having one RN on staff could not be the longed-for panacea because Detox is open all of the time and the RN would be limited to his or her working hours: "The RN's not here all the time. So is the RN going to be liable and responsible when she's out of here like at home or in Old Crow or somewhere else?" Another respondent agreed: "I just feel that it's just like if you have a help line and you can only get help from Monday to Friday from five to ten. Like, you know, the main concerns might not occur during that time frame… So now, if the nurse is not there, so then who's in charge for that sort of focus?... If you're going to go all out and really want nursing staff and all that then that's what you should do is have full-time nursing staff. Because if the fear that there is going to be some complications during someone's withdrawal process if that's why…I'm not really sure why they wanted a nursing staff here. I mean, I don't think it's an obscene idea. I just think that Wednesday to whenever just seems a little bandage…That to me just makes me question how it's going to work."

2. Detox Staff

Workplace Tension

Staff members reported a certain amount of tension in the workplace, citing a general feeling of unease arising from time to time. One said, "It would be beneficial if [some of the staff] were more sensitive to the needs of staff and the way that they talk to and talk about and even treat the staff. Sometimes I find them very hardnosed and just very set in their ways about little things." Another agreed, "And for me the biggest stress I get out of my job is co-worker stress."

Another talked about the difficulty building a team rapport: "It's not a very happy workplace… I don't think that we have a common goal. I don't think we're working together." A second respondent agreed: "Something that could work but I don't think always works is that we have staff meetings and I've only gone to one, but I know I have heard of them…I've just heard rumours that people just get nit-picky at each other and I think that there's potential for it to work really well because… I think that if… you know that you're working with that person all the time, that there's potential to jell and I think a lot of people have jelled but because everybody's changing shifts all the time, I think there needs to be something else put in place so that you have more of a team sort of mentality or…Not team. I want people to be able to think as individuals but also work as a team because when I'm working with someone I want to know that the least of my concerns is my staff person… I think everybody really enjoys and to a great degree respects each other, but sometimes it doesn't really mesh. There's something there."

One staff member blamed the hiring process: "It's really hard. I mean, we have…a really crude hiring process. I don't think that works at all… But I think the main thing is you've really got to use that probationary period to check people out and see if this is their job….I think the system we have is not it but I haven't figured out what the alternative is." A second talked about what might help: "We've been thinking about doing some psychological testing but we need somebody to advise us what psychological testing to use or to help us. Like, I think that would help….personality stuff for one thing and just values."

5.3 Summary of Findings - What's Not Working?

Management

There is a strong perception held by staff that the management at Detox micro-manages and is quite controlling, that the way clients and staff are handled is inconsistent, and that rules are changed without explanation, discussion or warning. There were several staff members that had the recorder turned off to talk about the work environment. Their concerns included the perception that, to management, the cleaning is more important the service to the clients. They reported having tense day shifts when the supervisor is on shift, citing examples of staff listening for the sound of the supervisor coming.

Staff members made several comments about feeling a large gap between them and management. One said, "It just sometimes just feels like we're just little peons." A second agreed, "You need… people willing to work that way rather than, 'I'm the boss and you're the lackey.' Another respondent talked about the gap between Detox and the rest of the department: "I think the staff at Detox feel like the lowest rung on the Health and Social Services' kind of ladder, so to speak. And I think that a lot of times they feel very put under and not really considered in the big picture even though I feel that our job is pretty important in the whole scheme of things why we have ADS."

Being told what to do on a detail-level makes staff members anxious about making decisions on a higher level, and creates a stressful environment for everyone. One staff member reported: "Everything gets reduced to the lowest common denominator it seems over there. Somebody makes a mistake on something and pretty soon we've got a whole set of rules to deal with the lowest, dumbest sort of a situation. And so we start operating on these dumb, low-level type of deals… We are not treated with respect there as far as I'm concerned. We're treated like a bunch of kids. We are micro-managed... To the point where people are really afraid to make a decision... People are caught in this thing of 'I wonder what to do?'"

One respondent had this advice for management: "Get [the staff] more involved in the decision making. Like, don't be so arbitrary about the decisions you make. Don't decide that it's going to be like this. It's complicated and time consuming but it will build a whole lot better picture if you take the time to do it and lay the foundation. If you get everybody involved and really mean that we can do things the way it's going to work best for us that are doing the work." Another talked about the need for clear guidance: "Everybody doesn't quite have the same vision on things, and that's fair enough. But there should be kind of a common direction with some parameters that management sets out. And I'm sure they think they do."

Staff also reported having disagreements with management regarding care for clients: "Her thing is right now…and I believe if we were a medical detox and we were properly set up, this woman would still be here. But because our supervisor, who has no medical…she wants to stay out of that medical right now but because now she figures all her symptoms are medical-related, that she no longer needs Detox. I don't know how she can come up with that conclusion. The woman has never stayed this long before. Her deal is always come in, sleep for three days. Now you have someone who finally is now well enough to go to an AA meeting and see a counselor and now she's getting the turf. "

Training

Several respondents pointed out the difference between staff members who have training and those who don't, highlighting how this disparity can create problems for everyone. One talked about the lack of recognition for those who have training: "There's people in there that don't have training and don't have the understanding. But I think they're still valued as highly… Whatever, it's hard. It's probably really hard for a supervisor to be around through three shifts to really get a sense of what you're doing. But as far as I'm concerned, the most important skill that you can have in there is to deal with people and I think I do that reasonably well and I don't think everybody does. I think that if you're really good at cleaning and things that are easily rated or it's really obvious, those are the skills that seem to be valued." A few of the respondents had a discusion about how management can belittle employees based on their own, as well as their employees', lack of training:

> Resp 1: You have people making decisions who don't have a clue what we really do here and what we can do. We could do a lot more, but we can't with what we have here.
> Resp 2: Not allowed to use your common sense.
> Resp 3: Because my common sense may be different from hers. We were actually told that."

When respondents talked about the need for training, they included the need for instruction in teamwork: "As you hire people that they really need to be extensively trained and trained to work as a team. Like, the whole team. We are so unsure. You must have noticed how separated Detox is in Alcohol and Drug Services. How many times did you see any out-patient counsellors or anybody from treatment? And we're sharing the same building."

Scheduling

At a facility like Detox, which is run all day, all night, all week, shift work becomes inevitable, but not always enjoyed: "You do six days. Have three off. And six nights, three off. Six afternoons. So, what happens is you have one weekend a month and the longest changeover is from nights to afternoons but days is fairly short because you get off at 8 o'clock in the morning and then on the third day at midnight you're going into work. So you take a day to sleep and now you've got two days off. It's pretty hard on the system."

While most of the staff at Detox are on shift work, due to medical accommodations or position, some are not, which, to a few staff members, creates conflict. As one put it, "My resistance has consistently been, you and I are working together. You're working twelve hours and I'm working eight hours. You're getting five days off and I'm getting three days off. Somewhere down the line, I'm not going to like you... I think there's a lot of good about creating some continuity and some consistency for the clients through twelve hour shifts. And I also think it's good for the employees to have a five day break."

One staff member felt strongly that the supervisors/management were oblivious to the scheduling issues that staff faced: "[Referring to auxiliaries] They're frustrated. They never know when they're coming to work… Most of the time you're never working with the same person two days in a row… I think there's three of us. Three or four of us now with medical accommodations. So right now, as it stands, there's 12 days a month where three of us are on days. Can you imagine where that money could be going? …Because [the supervisors are] not in it. They're not feeling a bit. The supervisor goes home every day and gets their weekends and the manager and the director. They have no concept of a 24 hour service. None whatsoever. They are constantly making meetings and never think about… to have a little more sensitive to that. I just think trying to manage the Detox from Black Street is ridiculous. Or the treatment centre, for that matter. If you want to know what's going on, you better be there."

Scheduling issues can even directly affect the clients, as this staff member pointed out: "With clients, I think that because we do a shift change report at a certain time, I think it's happened quite a few times where during that period if a client comes in, it's really difficult. So now you've got two people going off, two people coming on. It's right at that moment where you're doing your shift change…I see that as a bit of an inconvenience, but also on some level I have felt that it does impact clients because now you've got that overlap. You've got two people who want to do their shift change and leave and you've got two people on. So who now, in that ten minute period, who now does the intake?"

A couple of staff members talked about feeling uncomfortable taking a break. One said, "I think it's important to take a break, but I'm one of those people who feels just to stand out there would be dumb. If I could take five minutes and walk around, that would be great." Another said, "I can say personally I find it a bit difficult at times in the sense that you're here for 8 hours and you don't… I'm not a smoker so I don't take a break. There's nowhere to really go, kind of thing."

Staff Expectations

One staff member mentioned feeling unappreciated when she went above and beyond: "Tiny things come up and after you volunteer to do them and because we're so rushed and everything, then it starts being expected. Then you're told to do it. You're not asked. You're just told to do it as part of your chores."

Various Staffing Issues

There were a couple of miscellaneous comments about various staffing issues. One staff member said, "There's full time positions that aren't filled and there are two part time positions that they have not filled and what they've been doing is that they've been abusing the auxiliaries and abusing auxiliaries, not using. It's abuse because these guys are working more hours and they get no benefits for it." A second talked about staff members' suitability for the job: "We have people on staff that don't even like our clientele, I don't think. I've got to think half of our staff, anyhow. If you were to ask any one of them, I'm sure they all say that they are concerned and they care about the clientele, but their manner of dealing with people is horrible and their understanding, really, of what's going on with people is not very good." A third wanted to comment on the composition of the staff: "We need more First Nations people on. 80% of our clients are First Nation. We have three First Nations staff and they're all out of the building."

3. Facility/Food

Space—General

Detox staff members had several reasons for wanting a larger facility. Some of the more general reasons included concern about comfort. One staff member compared the present facility with the previous one: "The older clients that we would have had from the other building... If you ever get to interview any of them, which you may not, they would tell you that they much prefer over there… There's room to move. But here you have to sit and eat on little trays." Another staff member talked about how extra space could help the clients through the withdrawal process: "Honestly, I think the space is really small. Like, I think you've got a full house and people…obviously they're not in the top part of the game if they're here. And I think it can be very stressful thinking about all of your issues. You're now slowly withdrawing off your drug and you're stuck in a small room…If I was to think about meeting client's needs, on some level I think we're not really there… I know it's a detox facility, it's not Club Med, but I still think…I've seen a full house in there and it can get pretty cramped. And I think that would definitely hinder our clients' comfort and maybe space to grow."

With quarters that are often crowded, sicknesses become an issue: "On the level of communicable diseases, flus, any kinds of infections kinds of things, you're neck on neck. If you have a look in room one… not the first bed, but those other two beds, literally, if I'm lying in bed and I reach out, I could probably touch that other bed."

Some of the staff felt like the Detox service was not being adequately examined for expense to benefit ratio. One said, "If we had 25 beds, I don't think it would cost any more money. It wouldn't be that you'd have to hire a whole lot more staff if it was set up properly." Another added, "It would be great to get a nice facility. I feel [that it's like], well, you've got drugs and addictions, you should be put in a really horrible, awful, 'We don't want to spend any money on you because it's your fault for having this addiction,' kind of thing... If one person's treated nicely, you might treat someone else nice. And in my mind our facilities are really important in our community, not just because we deal with a person who comes here with their drug and alcohol issues."

Specific Space needs

There were some specific suggestions made as to what sort of physical changes could be made to the Detox building to make their services more effective. First was the issue of a confidential intake: "That's your main door coming in and everybody's…that totally breaks the confidentiality for a person to feel safe and discreet about coming in. Big time. And it's not always safe to bring them in the office here because you don't know who you're bringing in sometimes. Especially summer time, you get a lot of transients coming up and you don't know who you're dealing with. So to bring them in here isn't safe."

Second, staff brought up the problem of having people who are undergoing acute withdrawal close to those who are recovering. One said, "Just even having an acute room which we consider our acute room next to the TV room blaring away. They're awake in there. There's a gap underneath that door, so the sound goes right through. So they're getting the loud sounds when they're trying to sleep and people out there are getting all the stinky smells going out that way. It's just bad." A second agreed, "Here what we need is definitely something where we can see people through the acute withdrawals and then if they're here for a little bit longer, which they do sometimes need to be in order to get that grounding, where you can do some programming with them. Here you have that backroom and everybody uses that backroom for something, right?... So you have that room and they can't all be there doing the things that they all need to be doing… And you can't ask the other person to stay in their room all the time." A third talked about how previous attempts to remedy the situation have failed: "We realize that we need more room for people that are sort of withdrawing. So then what happens was for the longer people that were here longer time, they moved transition upstairs and they would sleep upstairs when we didn't have program, right? But then there was a problem that they were too much on their own and that's not going very good. Liability again."

Third, staff members had to deal with all the clients' belongings: "We don't have a place to put their belongings. When they come in… we bag… personal belongings. Know where we put it? In our staff shower. This is all we got to hang our jackets and throw our boots. Right here in the middle. Here or out there and that's not even private." Another staff member said, "They've got their belongings and it's all dumped in a pile on the floor and you can't get in there to clean the rooms properly. The rooms don't have any closet space or where they can hang up anything. It's a mess. You try to tell them, okay, everybody has to clean their room on a daily basis and everybody's got to do the housekeeping. You can't when you've got a big wad of stuff all over the floor there."

Fourth, staff, who are often on long shifts, don't have a place to go to have a break. One complained, "We don't have a staffroom. This is it. This is your staffroom. There's no time if you want…You know, you're supposed to be entitled to whatever break away from phone and clients and all this and that. We don't have that here….You can't leave."

Activities

The limited physical space in the Detox facility directly inhibits clients' ability to be involved in certain activities. Again, there was the issue of keeping the clients who wanted more activity separate from those who needed more quiet: "You almost kind of need two separate sitting rooms for them to choose a quiet room or an active room because you have people who are very pumped up and laughing and giggling and then there's a person who wants just another [inaudible]. And I've often heard, especially one girl in particular…says she can't handle it. And she'll be out the door because it's way too busy. Too much for her. And that's just one example." There was also the issue of being able to provide a variety of activities for the clients: "I really think that it would be nice if we could have a facility where there could be things like Detox clients could have a room if they want to do crafts and not just cram everyone in to watch TV. Like, if there was something else that we could provide them while they were there, I'd get that."

Because of the limited space at Detox, one staff member suggested having activities outside of the physical Detox building, "What would be really nice…Like, for a while we got passes sometimes to the pool. You know, free passes. And for the people that were here a little bit longer, they could go out and go to the pool… I don't think we ever got anything for the gym, although the pool had some gym equipment that they could use. But we haven't got that for a long time now, but that could be a positive thing, too."

One staff member compared the level of activities available at the former Detox location to the present one: "[Referring to Hoge Street Detox] It was the participation. They got in and they were able to do, once they were feeling better…they were doing their laundry. They were helping us out in the kitchen. Even the yard. It was team work and that. And I think once we move to more the institutional approach, then you got into more liabilities, this and that. No, you can't go do your laundry. No, you can't help in the kitchen. A lot of boundaries were set up in place where before all those boundaries weren't there. It was just your basic home setting."

Population Separation Issues

In a service such as Detox, it is important to keep certain segments of the population separate from each other, either because of history with each other or inherent differences in needs between, for example, men and women, or youth and adults. Because of this, Detox keeps a certain number of beds separate for women, and keeping those reserved for women can limit the number of males who can be admitted, or vice versa. As a respondent said: "We try to keep female beds. Always that's kind of a priority, is to keep some beds for females, so in trying to do that maybe you're turning away some fellow at the door. One of the regulars. You know, the attitude is a little bit that, 'Well, they're just looking for a bed.' Maybe they are, but we do turn people away. I think we could use a bigger facility." And another staff member had the same experience, "There have been times when we had to turn some women away because there are not enough beds for women, but most of the time it's fine."

Echoing the referring agencies' comments, staff members pointed out the difficulties in having adolescents and adults in the same facility. As one staff member said, "Youth and adults don't mix. They just don't. It's like oil and water. It just is. And the kids need something to do." Another agreed, "It's really hard to have a youth in this environment because space alone will drive them crazy. We have to try to give them a room on their own. Then we're turning other people away because they're taking up the whole room."

There is also the issue of keeping clients who have a history with each other together in a small space: "You can have… a situation where out there they're just total enemies. They'd kill each other if they could out there and they're in here. You could have a matter of a woman's been assaulted by a man. You can have a situation where the other person's dealer…going through withdrawal in a safe, potentially a safe place. Generally what happens is that somebody leaves. We try our darnedest to separate if possible but once, if it's male/female or if somebody's been here for a little bit longer and one is just coming in is a male and starts out in room one, we have a little bit of control as to whether they meet or not. However, once they're out of room one and they're showered and they're up and around, there's no way of separating them."

Staff members were frustrated with having a spectrum of clients from the very sick to the just about well all together. One staff member said, "Things don't mix around here because you have the people who aren't feeling well mixed in with people who have been here for a little while, are feeling a little bit better, have the need to do a few things, to live a little, instead of talk a little. Do you know what I mean? And then you have somebody else who's feeling totally crappy, just going through withdrawals, really nauseated, vomiting, shaking like a leaf, needing quiet, and the two don't mix. They just don't mix." Another concurred: "You have somebody that's been a few days sober and you don't want to put somebody in there with them. Somebody's fairly sick. Maybe they're in a room and you have somebody coming in that's roaring drunk or really having a hell of a time with cocaine. Maybe they're on the verge of psychosis of some sort and you don't want to be sticking those people together." A third talked about what could happen: "We're trying to do too many things in a confined area. So just separate… Why should somebody four or five days through withdrawal have to witness any of this stuff?… You could be sitting in the living room having a comfortable conversation and all of a sudden somebody hits the deck having a seizure or something. And if you've never seen anything like that, it freaks people out."

4. Services Beyond Detox

Halfway House

Several staff saw the need for a place for clients' to go after they were in Detox and before they went back to the community: "I would say maybe housing or something like that. Some place where some of the clients who leave here after going through the withdrawal and whatnot who are ready to make the next step, don't have a really secure place to go to. So like a safe place… a place set up like that for clientele who are… really serious about quitting. Because some people are dead serious about doing this and going through the sobriety… but they don't have a safe place to go afterwards."

When clients leave the Detox center, they generally go right back to the situation that put them in need of Detox in the first place, and the cycle of detoxifying, intoxifying and detoxifying again is very difficult to break. One staff member said: "We send them from here out into the community and what do they have out in the community? They have their friends that are users or drinkers come and bug them and bother them. They maybe haven't held a job for a whole heck of a long time because they've been using and drinking. So they need some time to be able to get out of that. And also the physical access to some places where they're not going to be bugged all the time… It needs to be longer term." Another staff member agreed, "These people, you're detoxifying them and they do really, really well and then say, 'Okay, you're detoxified. You're leaving.' They go back to the same situation… Out the door and into the street; that's if there's no place else to go. I always feel like they worked so hard to detoxify themselves and here they're going back to the same situation again; out the door, out in the street using again. And then sometimes I just feel like were enabling them."

A solution would be to have a place where clients could go after Detox to help them get back on their feet so they can return to their community a little bit less vulnerable to its pressures: "I think we need a recovery house in Whitehorse. Definitely we need a recovery house because even when they finish treatment, that's fine. They're in there for 28 days. Where are they going to go? If they're going back to a drinking environment. Like, if there was a safe place that they could go for a month or so, maybe more, after treatment. I mean, they would have to stay sober to be in this place, but I think it would give them a lot more time to maybe find a job." A second staff member talked about how recovery for some clients is much harder than for others: "Give these guys a real shot at long-term sobriety, that's what you need. Because even in an ideal scenario, coming to Detox and you are allowed to stay a week or ten days and then you magically fall into going right into treatment even? That's only six weeks. Six weeks to somebody that's been living on the street for twenty years is just..."

A facility directed at recovery could also function to help get clients back on their feet: "The halfway house is for people that have a little bit of a grounding or maybe those people that we housed over at the other place for a month, to give them a little bit of a grounding, give them the opportunity to learn some lifeskills. Give them the opportunity to get a footing in the community. Get a job where they can go to work from there. Learn lifeskills. Maybe go to school if they want to. Those sorts of things."

More Programming

The programming that Detox currently offers is limited to a few times per year, and often clients are not ready for the programming near the beginning of the next session: "There needs to be something beyond Detox. I mean, you need to be able to let people sober up for a start to get that through that initial being sick... I think sometimes we're kicking people out too soon and that's a discretionary thing, too... But there needs to be something after that, be it a recovery house type of a situation or treatment. Like, if you're a guy that wants to get into treatment, there are three programs in here... and if you happen not to just be at the right time... Like, it comes now. 'I want help now.' There's the opportunity to maybe do something... they need some really good solid support."

One staff member discussed seeing the amount of programs offered increased: "I really like the 28 day program and I think it's really valid and relevant and helpful...I'd even like to see more 28 day programs like we offer." Other staff members thought that programming could run continuously for those who need it: "If there was more like a day program that could fill that need and then more people could be involved and come in. That would help people who might not be ready to go to treatment right away, and this would become like a pre-treatment day program. And I know that they do that sort of thing in Detox. And I think it works well, excellent. But I'm not sure. It doesn't really fit the mandate."

Another suggested more inclusive programming: "A day program that could include... And I say "day program" but I mean, that could run in the evening or in the day or 24 hours or whatever. Something that could include families so that when we're helping people with their addiction we're not just focusing on them. I think a lot of times they have other people in their spectrum and if we don't deal with the whole... or try to or try to encourage some sort of connection, it's a bit of a loss, i.e., the treatment program. They're isolated with themselves for 28 days and then we through them back to their families and we go, 'Okay, well now you try to function.'"

Shelter

There is a sense that Detox can be treated as a shelter service simply because there are not enough of those services in Whitehorse: "They'd like to stay here, some of them, as long as they can. They'll say, 'I'm going to come in now for two weeks.' Well, that's not the way it works. It's day by day and if we need a bed and you're through your withdrawal, you're out of here whether you have a place to stay or not. A lot of times that's the problem, is they just don't have a place to stay. Sometimes it's not even a Detox it's just because they had nowhere to stay."

5.3 Summary of Findings - What's Not Working?

Cooperation Between Services

In one of the focus group discussions, several staff members had a discussion about working with other services in Whitehorse that target the same clientele:

Resp1: It makes more economic sense, would be more effective if there were people offering case management beyond the narrow time frame of the detox.

Resp2: We have been talking about having a central intake. The people we see are the same people that Health and Social Services sees, that Probation Sees, that the Sally Ann sees, and on and on and on. Rarely do we know that as workers.

Resp3: We could do a thorough assessment. When someone comes in and talks to you, they need to sleep it off and they should have their needs assessed.

Resp4: The majority of clientele are intellectually not able to tackle all the tasks that need to happen within our system. There are a lot of papers to fill out at SA.

Appendix 1.1 Respondent Interview – Question Outline

Detox Review Project – 2005/2006

Client Interview - Question Outline

Introduction:
We are currently conducting interviews with clients of detox to find out from you if detox is meeting your/clients needs.

We want to talk to you about your experiences here at detox and we have questions about the people the place and the program.

- Tell me about your experience here at detox? (Probe with frequency, duration, history questions)
- What is working for you? What do you like about detox services?
- What's not working for you? How can detox services be improved?
- What is it like here?
- How comfortable are you with the amount of space here?
- How comfortable are you with the other people that are here?
- When the staff starts talking to you about recovery and your use…..How do you feel about that?
- Do you feel/notice any expectations from staff….for using these services? What are the expectations?
- To help you in detoxification, is there anything else or any other services you would like to see offered in Whitehorse?

Appendix 1.1 Respondent Interview – Question Outline

Detox Review Project – 2005/2006

Referring Agency Interview - Question Outline

Introduction:
We are currently conducting interviews with clients and referring agencies of detox to find out from you if detox is meeting your clients needs.

We want to talk to you about your experiences with detox and we have questions about the people the place and the program.

- Tell me about your experience with detox? (Probe with frequency, duration, history questions)
- What is working for your clients? What do you like about detox services?
- What's not working for your clients? How can detox services be improved?
- How do your clients describe detox?
- How comfortable are your clients with the amount of space there?
- How comfortable are your clients with the other people that are there?
- When the staff starts talking to them about recovery and their use…How do they feel about that?
- Are there any expectations from staff…for clients using the services? What are the expectations?
- To help your clients in detoxification, is there anything else or any other services you would like to see offered in Whitehorse?

Appendix 1.2 Respondent Interview – Coding Key

Project 7100-62-DETOX INTERVIEWS CODING KEY

Positive – 1 **Negative – 2** **Neutral – 3**

SERVICE – A

z=responsiveness – needs being met, needs not being met, listening to clients/or not, understanding clients, turning clients away from detox, gaps in who detox can serve, accommodating youth/women/mentally ill, doing a good job, satisfied, kind, helpful, caring, respectful, non-judgemental, non-threatening, confidentiality issues

y=inconsistent service delivery – unequal delivery of service to clients, treating some clients better/worse

FACILITY – B

z=issues of space, layout of detox, new building needed, needing specific rooms (ie. Staff, intake, separate common areas, women's/men's areas, exam rooms, eating areas, storage, TV room), comments on institutionalized setting, capacity issues, space(or lack of) interfering with ability to do their jobs, issues of shared rooms, space for different stages of detox, lack of privacy due to facility

y=food

x=problems with facility furnishings –beds

v=location of detox

w=nothing for clients to do while in detox (chores, recreation)

u=**facility environment** – safe, comfortable, relaxing atmosphere, clean

DETOX EMPLOYEES - C

z=personalities

y=doing their jobs or not , working cooperatively with other staff, flexibility to do job, discretion to do job

x=knowledge, skills, abilities

w=training issues

v=level of service delivery – helpful, inconsistent, listening to clients, responsive

Appendix 1.2 Respondent Interview – Coding Key

FUNCTION/ROLE (what they do, part of their job) – D

z=function of detox – jobs, support they provide, talking to clients about sobriety, information they provide, videos they show, outreach, assessments they do, mandate, what addictions they focus on

y=policies and rules – medication policies, 24 hour policy, TV policies, food policies, night curfew, having to be intoxicated to come to detox, required to go to AA, 72 hour rest policy, time they can stay

x=vision – proactive vs. reactive, looking to the future, crisis management, adapting to changing addictions and clients, gaps in who they can help, flexibility

w=Changing to Medical Model/Detox – nurse on staff and issues surrounding this model (i.e. Days off, days nurse away, changes to policy dealing with medications)

v=shelter aspect of detox – frequent/repeat users

MANAGEMENT – E

z=personalities

y=not doing job, how they do their jobs – micro manage, inconsistent management

x=service delivery to clients – inconsistent service, favouritism of certain clients

w=treatment of detox staff – not sharing information, not working cooperatively, changing work duties arbitrarily, not acknowledging staff, not consulting staff on issues of concern, control, flexibility, not clearly defining what staff can and cannot do, not providing staff support to do their jobs

v=rules/policies – arbitrarily decided, changes to rules

COMMUNICATION – F

-with service agencies, amongst staff, to clients (are they aware of policies and expectations while at detox)

STRUCTURAL – G

z=resources (staff) – lack of staff, workload of staff, lacking time

y=job classifications, reliance on auxiliaries, permanent positions not filled, duties being performed under job descriptions, doing more than job description outlines, issues around shift changes, no breaks, hours of work for staff, hiring process, never having opportunity to work with each other consistently

x=detox hours **w=resources (money)**

Appendix 1.2 Respondent Interview – Coding Key

WORK ENVIRONMENT FOR STAFF – H

-not happy, not good, unhealthy, stressful, low morale, fear of being fired, small issues made into larger ones, frustration, not feeling appreciated, not being treated like professionals

SERVICES BEYOND DETOX/SERVICES AVAILABLE IN COMMUNITIES – I

z=halfway house needed, transition homes, comments on having no support once they leave detox, need shelters,

y=**existing treatment programs after detox** – how often they occur, time to wait for treatment

x=existing services – adequate or not, exist but clients not using them

CLIENTS – J

z=abuse or use of detox as a shelter, willingness to be helped, not taking detox seriously

y=characteristics/personalities of clients, threat to others

x=mixing clients who know each other

RELATIONSHIP WITH OTHER SERVICE AGENCIES - K

Appendix 1.3 Summary of Findings – Overview of Coded Comments

Number of coded comments by type of respondents

Respondent	Frequency	Percent
REFERRING AGENCY	217	22
CLIENT	265	27
STAFF	511	51

Number of coded comments by type of comment

Type of Comment	Frequency	Percent
WHAT'S WORKING	285	29
WHAT'S NOT WORKING	706	71

Number of coded comments by topic area of comment

Topic Area	Frequency	Percent
CLIENTS	32	3
COMMUNICATION	4	<1
DETOX EMPLOYEES	107	11
FACILITY	188	19
JOB FUNCTION/ROLE	284	29
MANAGEMENT	32	3
RELATIONSHIP WITH OTHER SERVICE AGENCIES	12	1
SERVICE	171	17
SERVICES BEYOND DETOX/SERVICES IN COMMUNITIES	106	11
STRUCTURAL/RESOURCES	39	4
WORK ENVIRONMENT FOR STAFF	18	2

Appendix 1.3 Summary of Findings – Overview of Coded Comments

Number of coded comments by type of respondent, type of comment and topic area of comment

Respondent: REFERRING AGENCY
Type of Comment: WHAT'S WORKING

Topic Area	Frequency	Percent
CLIENTS	1	2
COMMUNICATION	2	3
DETOX EMPLOYEES	12	20
FACILITY	7	11
JOB FUNCTION/ROLE	16	26
RELATIONSHIP WITH OTHER SERVICE AGENCIES	2	3
SERVICE	19	31
SERVICES BEYOND DETOX/SERVICES IN COMMUNITIES	2	3

Respondent: REFERRING AGENCY
Type of Comment: WHAT'S NOT WORKING

Topic Area	Frequency	Percent
CLIENTS	5	3
COMMUNICATION	1	1
DETOX EMPLOYEES	18	11
FACILITY	21	13
JOB FUNCTION/ROLE	52	33
MANAGEMENT	2	1
RELATIONSHIP WITH OTHER SERVICE AGENCIES	1	1
SERVICE	22	14
SERVICES BEYOND DETOX/SERVICES IN COMMUNITIES	25	16
STRUCTURAL/RESOURCES	7	4
WORK ENVIRONMENT FOR STAFF	2	1

Appendix 1.3 Summary of Findings – Overview of Coded Comments

Number of coded comments by type of respondent, type of comment and topic area of comment

Respondent: CLIENT
Type of Comment: WHAT'S WORKING

Topic Area	Frequency	Percent
CLIENTS	2	2
COMMUNICATION	1	1
DETOX EMPLOYEES	21	17
FACILITY	32	27
JOB FUNCTION/ROLE	24	20
SERVICE	31	26
SERVICES BEYOND DETOX/SERVICES IN COMMUNITIES	9	7

Respondent: CLIENT
Type of Comment: WHAT'S NOT WORKING

Topic Area	Frequency	Percent
CLIENTS	9	6
DETOX EMPLOYEES	18	13
FACILITY	26	18
JOB FUNCTION/ROLE	45	31
SERVICE	17	12
SERVICES BEYOND DETOX/SERVICES IN COMMUNITIES	28	20

Appendix 1.3 Summary of Findings – Overview of Coded Comments

Number of coded comments by type of respondent, type of comment and topic area of comment

Respondent: STAFF
Type of Comment: WHAT'S WORKING

Topic Area	Frequency	Percent
CLIENTS	2	2
DETOX EMPLOYEES	9	9
FACILITY	15	14
JOB FUNCTION/ROLE	44	42
MANAGEMENT	1	1
RELATIONSHIP WITH OTHER SERVICE AGENCIES	5	5
SERVICE	27	26
WORK ENVIRONMENT FOR STAFF	1	1

Respondent: STAFF
Type of Comment: WHAT'S NOT WORKING

Topic Area	Frequency	Percent
CLIENTS	13	3
DETOX EMPLOYEES	29	7
FACILITY	86	21
JOB FUNCTION/ROLE	102	25
MANAGEMENT	29	7
RELATIONSHIP WITH OTHER SERVICE AGENCIES	4	1
SERVICE	55	13
SERVICES BEYOND DETOX/SERVICES IN COMMUNITIES	42	10
STRUCTURAL/RESOURCES	32	8
WORK ENVIRONMENT FOR STAFF	15	4

Appendix 1.4 Responses to Long Answer Questions—What's Working

Abridged Interviews, Selected Quotes—What's Working

From Clients' Perspective

1. Role/Function of Detox

- It's not bad, man.
- Everything is good with the services at Detox
- It's good.
- So far I think the program is really good. I haven't seen any negative aspects of it yet.
- I haven't felt so stress-less in a long time.
- Well, it's actually pretty safe place. I don't – well, that's why I came here. I woke up on Friday and said, "I had the chance." It was right there, so I just called these guys and it was [name]. I asked him if there was any room for me. He says, "There's always room for you. Come on."
- Generally when I've been to other Detoxes, and if places such as this didn't exist, I think there would be a lot more bodies found, if you know what I'm saying.
- …even though full heartedly you want to quit and you have full intentions of…somehow you end up back in a place like this and it's the way alcohol does. It's a disease and I'm just thankful that there is a place like this for me to come to because if there wasn't, for me or any others like me, would just be dead.
- It's here to try and make people better. Hopefully I'm going to be one of the exceptions that this all works for, but. Yeah, and they've also helped me get in the program upstairs, the 28-day program.
- So I stayed for the ten days and I talked to them, asked what else was available and there is a Detox day program. So what I do is I come in at 9:00 in the morning and I stay until 3:00, 3:30 in the afternoon which they have [inaudible] and three at a time. We have a group meeting in the morning and I go to a meeting at noon. When I get back from a meeting we have an awareness; a video on recovery. It's like a recovery meeting I suppose. And we talk about the video after that and by that time its pretty much time to go home….It's fills up my day. Like, for me to be working right now and then just going home in the evening, it just would lead back to the same thing I've been doing. So, yeah, it's gives me a chance to change my routine.
- I just wish more people would take it seriously and that. Like, I mean, it's hard I know to come in here and you're used to be hurting everyday, but it would be nice if there was some way that you could get through to the people would know enough to stay in that extra….instead of getting healthy for three days and going back out and – which I know is probably most common; like probably nine out of ten people that come through here….It's a good rest, yeah. But I mean at least they leave here healthy, or somewhat healthy, after a few days of – and back out again, but it's too bad there isn't a way to get it through – there's a better way to get it through to people that they should stay in.
- They said if you are going to – if something does happen then sign back in as a fulltime….which I'm probably going to do before the pro- you have to be clean and sober five days before the program and depending on how I'm feeling and what's going on then, I probably will use that service that they have here to – like, I'll sign-in fulltime for the five days before just to make sure nothing bad can happen [Laughter] and I don't get in the program.
- The fact that you can rest with no pressure to drink.

Appendix 1.4 Responses to Long Answer Questions—What's Working

- I'm okay, I guess, with it. Sometimes I don't want to talk but just they're trying to help, I guess ... they're not down your throat type of thing. It's very relaxed, but informative…
- …and the staff -- all the staff that I've dealt with has been there for you to the point…so a nice safe place to be. You don't have to worry about running into drugs and alcohol or your friends or… It's a good part, a nice safe part of the day for me.

2. **Detox Staff**

- The staff are great.
- Staff always got a smile on their face and they're more concerned about your health than myself, my own health.
- But as far as… the staff is very helpful, very knowledgeable. I mean they pay for my way back and forth to the hospital all the time and it's a – they're friendly.
- They just give you a forward outlook. When they ask you what you're going to do and you start cleaning up and feeling better, they ask you what you want and they tell you where you can go to get what you need. So it's pretty good.
- I think it's great. They're doing a great job. They're good people and we need them.

3. **Facility/Food**

- Well, it's actually pretty safe place. I don't – well, that's why I came here.
- It could be bigger. But maybe the small number of people that they can accommodate at one time helps too. It's quiet.
- The place is clean.
- I can't see nothing bad. Boy, those women never stop cleaning.
- [How is the food here?] Good. Just I haven't had a whole meal yet. Getting me onto the solids. Give me something solid in my stomach instead of just having soup and that. If you need something special, they'll buy it. [name] could always get it for me. Because they've got their own special milkshake that they make with vitamins in it or something to coat your stomach.
- If you're hungry at least there's a residents' fridge. At least there's juice and coffee on but if you want a snack there's fruits and veggies. The first couple of days you don't want to eat that much. You're just to stick with the juices…Oh, get the sugar in you, get rid of the shakes and the sweats and everything else.
- So it's pretty good. I like Detox. They feed you good food and gets you healthy again.
- The food is good, you know, like they feed you well.
- They really do give you a really good meal.
- …they've got some good cooks.

From Referring Agencies' Perspective

1. **Role/Function of Detox**

- I think overall they're doing an excellent job with what they have.
- I hear about facilities where there's a huge wait to get into Detox so in that way, this is way better. So in those places where there's a wait, then it definitely doesn't wait for that.
- It's a place for people to go when they're…Sometimes when someone's intoxicated, they're not safe. They're really vulnerable out on the streets, so it's a safe place. Someone who

needs safety but can't access our services it's somewhere for them to go. They can stay for a few days.

- So overall I would say people appreciate the services that are offered. As I say, I think the judgmentalism has reduced a bit, which is great. I think the best thing we can do is offer something and people can choose to take it or not and we need to respect people's choices.
- I know detox takes them all hours of the day, the night, the you know; and sometimes just out of compassion because they have no place else to go, which is wonderful. At least it's safe and dry and a very caring environment here.
- Oh, I think it's a wonderful haven for them, really.
- I think it's wonderful. Yeah, I think it's wonderful and they could maybe stay in a more comfortable environment while their detoxifying, instead of perhaps the hospital where they feel uncomfortable or have all these other feelings; and an RN too, as far as teaching and health promotion and harm reduction.
- Some of them have certainly no intention of doing more than sleeping for the night in a warm place and safe place and then getting out again. But to me that's kind of part of the role of this facility. Like I don't see that as necessarily as a totally negative thing. It kind of seems that way if you look at the stats and there's some people that use the facility whatever, 80 or 180 times a year. And they're in and out in a few hours most of the time. And so it certainly doesn't look…But some of those people, actually, they're seriously addicted and I think they, a lot of times, do have a genuine intention to change every time they come in, but then they just can't handle it and they're gone again. It's hard to tell.
- …they don't want to and it's against the policy and everything, they're doing a certain amount of housing down there out of compassion, out of compassionate grounds and stuff…That's not really their job or their mandate or really, they're not really set up properly for it. Like, that's no place to be living long term.
- Now sometimes a person themselves would rather stay at Detox. For one thing, they can sleep longer in the morning. Sometimes they're thinking of sobering up and they'd actually like to give it a go by going to Detox.
- …they like that they can sleep in there. I think to some degree they see it as a perhaps a first step in getting sober. And it's a place where they could stay all day if they decide to stay there for as many days as they want to. With our shelter, unfortunately, we're closed between three o'clock in the afternoon and ten at night so then they're out wandering about. So if they're at all concerned about staying warm and having a place to stay, then they could stay there…I think that they like some of the staff there and the support that they get. For whatever reason, they like to go to Detox or they sometimes go to Detox.
- It just seems that there's a little more leeway there. Over the last several months, if they know someone's working toward a program that they can stay pretty well until they can go to the program. And then I've heard some people say that they would go to Detox even though they weren't intoxicated right then. Sometimes people would, you know, they'd go and have a drink just so they could get into Detox.

2. Detox Staff

- Really, it is, and they have some very caring, therapeutic people working there, yeah.
- I think for the most part they have some really good staff and some staff who need either training or who have been doing the job too long. I don't know which. But the staff who are doing a good job really do care about the clients and you hear that from them. And then there are a few staff down there that you also hear the opposite and you hear it enough

times about the same people that you know this is…So I would say on the one hand the staff that they do have that are good, they are really good, and the staff that they have that they maybe shouldn't be there…

- There's some staff down there that just like…I just say, they're just awesome. They just have the clients' needs at heart and they just do such a great job and they really change people's lives. Like, clients just feel so supported and like, "This person's on my side maybe. Like it's the first time that I really felt somebody was on my side." Like, I heard that quite a bit. There's some great people down there.
- We used to hear stories about just judgmentalism coming from the staff and that's a big concern of ours. We really strive to be a non-judgmental agency and we hear a lot less of that. It seems like more…and again, I don't have hard numbers on this, but that our referrals, people will go a bit more easily. It just seems smoother, you know. I feel that we've had less residents or less people that we work with saying, "I don't want to go to Detox."
- I think there are many workers at Detox that are treating the clients with care and respect.

3. **Facility/Food**

- That's one of the things that I admire about the Detox, just how well they do utilize the space that they have. It's got to be very difficult. It's cramped. It's not a purpose-built space. Obviously, that almost looks like a kitchenette and a shower for, it was built for maybe nurses and… And here they are housing however many they… It should be open, it should be airy, it should be bright, there should be space for people to move around in. I mean, I can't imagine being down in that little space for ten or even two days, just stuck with other people so close.
- Yeah, I think it's wonderful and they could maybe stay in a more comfortable environment while they're detoxing, instead of perhaps the hospital where they feel uncomfortable or have all these other feelings; and an RN too, as far as teaching and health promotion and harm reduction and, yes.

4. **Services Beyond Detox**

- Any difficult interactions we had had more to do with staff there not understanding our services. And we've got improved communication now. They came recently to do a presentation about what they're doing and so…And I talked a bit to staff today, you know, "What are your impressions?" And everybody feels for the most part that things are good and are much, much smoother.
- I appreciate communicating with staff there and there's been more openness, certainly, in the last while, especially about making changes and about discussing things. I'd heard that there would perhaps be some meetings about possible…You know, what works with Detox and what doesn't work and I thought it was going to be with Detox staff but I haven't heard more about that. But I was interested that they called here. And, you know, the staff, personally, seem to be good and communicative and helpful and encouraging.
- …our relationship with Detox is quite good. What has improved tremendously is that they have opened up their mandate about who they will take. They used to have a very stringent list about who could stay at Detox and if people were taking certain kinds of medication they couldn't be there. And so for us it made it really difficult. If we had, say, a woman who's on psych meds who can't be in the home because maybe she's also intoxicated, but she can't go to Detox, well there's nowhere for her to go. So then there can be this real yoyo effect between the agencies.

Appendix 1.4 Responses to Long Answer Questions—What's Working

From Staff Members' Perspective

1. **Role/Function of Detox**

- Working well? well, I think the whole thing, actually, does…
- I think the client care is working well –the services provided for the people staying at Detox.
- The place is working… Like we have a Suggestion Box out there too for them so they can, if they have any suggestions or anything, they can pop them in. But a lot of times it's more just complaining about this or that or the food or the staff and how it's not really anything…
- Well, I think given the space we have and everything, I think on the whole our services are working well. Like, the clients are very well taken care of. We do a lot of educational stuff with them and we make sure they get to see a councillor so I think it's working as well as it can.
- See, we offer a really good service here. I honestly truly believe that and not just…That's not just for you guys, but…You know, if you compared this to Vancouver when you hear like two and three week waits to get in Detox. Twenty beds, twenty and thirty bed Detoxes and for the eastside. And we have ten for Whitehorse. You know, comparatively, these guys got a pretty sweet deal here and it's very rare that someone has to wait for a bed. And so, and lots of one on one stuff. And it's just a really good service. And I think the treatment here is a good service.
- … but you have people that have been here for a little while. We see people through withdrawal, but that isn't all we do. We do, do more. We do keep people sometimes a little bit longer. You know, trying to help them get a little bit of a footing.
- Some people want to stay longer but most of them in that situation don't really have a place to go through and they're already through their withdrawals. So we try to keep them as long as we can before we're told that they have to leave.
- But what we try and do is…because we don't have a lot of time with them and the time we do have with them, they're not feeling well. When you're not feeling well, you're fuzzy, you're physically sick. So what we do is called like, planting seeds. You just kind of put little seeds in them and hope that when they leave that something will grow. Something will click, right? So basically what we do is the referring and we do basic information giving, encouraging AA because that program works.
- The only thing that we get kind of black and white about is our priority here is recovery. It's to detox. If people need…if people have spousal situations, court situations, abuse situations, we're absolutely going to help them get into those things. But we're not qualified to do that and we make it really clear to people that those are specific things that maybe will be able to…But people will come here as a respite almost. But it's like, "No. Do you want to..? Hopefully we're going to help you look at changing your life and moving in that direction kind of thing."
- Like for a while there we had... Right now it's a twenty-four hour... people come in, they leave within an hour or two. They can't come back for twenty-four hours. Anytime they leave. Any time they leave. Some will come in and they only stay for half an hour. Some people only fifteen minutes. Well, we tell them, "Look, you leave now and you cannot come back for twenty-four hours, so [inaudible] that door."…And then it used to be… I think it used to be 48 hours. No, then it used to be only five visits a month they were allowed. Then they were allowed unlimited visits, like a revolving door. So, this one seems to be working the best. I think 24 hours. Seems to be working the best so far.
- They probably have an opportunity to get some information around what's going on. And it depends on who's there and one thing or another as to what they're liable to get out of it.

Appendix 1.4 Responses to Long Answer Questions—What's Working

You know, we do have some things. We have an opportunity in the morning to spend a bit of time with them and it's called a meditation time. But it's just kind of a reflection thing and it's usually open enough that people get an opportunity to say whatever and you can have discussion that goes all over the place. But it can be useful. It can get people starting to think about something different than what they're doing. We have an awareness session in the afternoon showing educational videos. And then have some discussion. Those things work really well.

- We have a day contract that we do offer to people. If somebody stayed for a period of time, four or five or whatever number of days and they're asked to leave because we need the bed or we've done what we can do sort of thing, they can come back for up to two weeks, come through the day, from 9 until about 3 o'clock in the afternoon and participate in these activities. They're expected to go to a meeting at noon. They can have lunch with us and…those are pretty good things.

2. Detox Staff

- One of the nicest things that somebody said to me there was one morning there was a couple of the guys heading out and the guy left and then he came back to the door and he said, "Do you know why we treat you with respect?" And I said, "No." And he said, "Because you treat us with respect". And I thought, wow. Right on. And that's a good thing.
- I think the staff here is really good. It takes a certain kind of person to work here anyway. So people that want to help other people, I guess. And yeah. The staff I found were really helpful when I first got here….
- I think there are many workers at Detox that are treating the clients with care and respect.
- No, I like it here. They've got great workers here. Good people.
- A lot of the staff in Detox have knowledge of all the services available in the community and are more than willing to help out.
- Another thing I think works really well that I've seen so far, I think, is I know that staff will really encourage clients to utilize the outpatient counsellors.

3. Facility/Food

- I think that they're provided for very well, whether nutrition and their safety and their comfort. I think it's a good facility to take care of other people.
- I think on one level we do a really good job there. Like, people are safe. Like, health-wise, I think they're safe. They come in, they get a clean place and a decent place to stay whether it's a very welcoming and encouraging place.
- It's a very clean place. It's a comfortable place for people to come. From what I hear it exceeds what you would find in most Detoxes across the country as far as people come in, they get a bed, a clean bed, clean sheets and all the rest of that. That part of the thing is pretty darn good. They get some pretty decent food while they're there.

4. Services Beyond Detox

- Another thing I think works really well that I've seen so far, I think, is I know that staff will really encourage clients to utilize the outpatient counselors. And I think that there's…As far as I can tell, what seems like good communication or maybe not…I'm not sure how the communication is between outpatient counselors and Detox staff, but I think it's a great place for someone to start after they've detoxed. So it's nice that that's already kind of set up or the potential's there when someone's finished with our facility. Like, that they have a next step rather than getting…Which I know a lot of times they just end up going back to the street. But I think that works. That's a great thing that happens.

Appendix 1.4 Responses to Long Answer Questions—What's Working

- …but I think we have a pretty good relationship with the RCMP, actually. They're pretty good if we need them to come pretty quick. It's not too often that we need them for anything like "Come immediately!" kind of thing. It's just the occasional time we've had it. But they're pretty good to come back and they're pretty good to tell the people now that, you stay here for such and such a length of time and if you leave before that they're going to be calling me.

Appendix 1.5 Responses to Long Answer Questions—What's Not Working

Abridged Interviews, Selected Quotes—What's Not Working

From Clients' Perspective

1. Role/Function of Detox

- ...a lot of people come in here and they experience the same thing. And they walk out because they know they're too sick and they want to stay but they just can't handle it. So they walk out and they go back into the street. They really want to straighten out but because they know they're not getting the kind of help.
- It's just that after they come down and they need that support to get through the withdrawals, I think that's where it comes to. Because I've talked to a lot of people about it and they said, "I don't really want to stay there. They're not going to help me."
- And when you get messages, sometimes you don't get your messages. Like, you're allowed to use a phone, but if there's a message coming in, sometimes I never got messages. I got upset. I got pissed-off and just left. You know, give me my messages if somebody's phoning. And you know, I guess, if I had visitors sometimes they sent the visitors away and I said, "What the hell? Like, why?"... And it's got to be right from six to eight, and you know, like you know, yeah okay that's fine....right in the living room where – in the TV room....they come right in. We could have tea or coffee and... because where are you going to visit when you want to talk to your friends and family when everybody's listening
- Well, I think I came here – I don't know – just for the night because it was filled-up, so they had to turn people away. And even the overnight thing here, and that's abused too. I know that. Some of these people – like when Salvation is full, they don't got nowhere to sleep, they just come here. Well, that's not right, and then they got to turn away people that have actually have the addiction issues and... Well, like I said when I came here – when I came here, some – you know addictions are addictive, but there's some that I know they tend to lean towards First Nations and alcohol.
- Well, I'm not sure because they seem zero-in the alcohol people that come here more than the – well at least this time it seems like it. They're more concerned with the alcohol people - that have a problem with alcohol - than the drug problems. I could be feeling that. I don't know....That's what I've felt anyways. They tend to treat them a little bit – more concerned with them than.......Well, some of them are real good, but to me I don't know. Maybe, I don't know, I feel there're a couple of them that – I don't know. They just seem more concerned with First Nations and alcohol....you know I can feel prejudice too. It gets me. Yeah, that's what I felt and even said that to the day shift here. And they said, "Oh, no, no, no. Don't feel like that." Well, I felt that even last time I was here a year-and-a-half ago, but I didn't say anything.

Withdrawal management

- ...a lot of people come in here and they experience the same thing. And they walk out because they know they're too sick and they want to stay but they just can't handle it. So they walk out and they go back into the street. They really want to straighten out but because they know they're not getting the kind of help. It's just that after they come down and they need that support to get through the withdrawals, I think that's where it comes to. Because I've talked to a lot of people about it and they said, "I don't really want to stay there. They're not going to help me."

Appendix 1.5 Responses to Long Answer Questions—What's Not Working

Recovery

- They got stuff going through the day. They have intervention where we watch a film and we talk about it. I think that's good. I think there should be daily meditations in the mornings a little more and I think they should have a little bit…not a lot, but a couple of things. Something in the morning and something in the afternoon. They do do stuff in the afternoon, but they should have an intervention in the morning and evening. And have like a little test on what you learned, or something like that, where they ask you how you see it, with everybody, in group.
- INT: And here you have to go within a very short period of time to AA? So are they already talking to you about that?

  Resp: No. They will be.

  INT: How do you feel about that?

  Resp: You're sort of forced.

  INT: It's not optional.

  Resp: No.

Length of Stay

- Another thing I see, before checking in here is that you've gotta be intoxicated. You gotta be on a drug before you come use this place, like that's strange. I don't know, like what if you wanted to sober-up, you're gonna come in here drunk….Yeah, and then you're not allowed back (for) twenty-four hours if you leave on your own, eh.
- Because when we come in we're supposed to be here for 72 hours before we can leave. I don't really agree with that but that's just part of their rules, I guess.

Activities

- And I don't know, in the evenings I think they should just have…We're all adults, I think we should be able to stay up a little a later. I mean, eleven o'clock is kind of early. If we wanted to watch TV until twelve. Not too late. I mean, you do need to rest and we can't have people staying up all different hours of the night, I understand that. Eleven is kind of…A 14 years old is allowed to stay up until eleven. Some of the movies start at ten and we can't watch the movie because it's going to end at eleven. We can't watch the movie. So, that's your free time and your time to think, whether you want to read a book or watch TV or whatever. I just think that twelve o'clock would be a good time to go to bed, myself.
- And another thing why, like there are only two clients right now and why can't we watch anything on TV that we want, not Discovery Channel or the news channel? Like, why is that?....I know they show us addiction video tapes, possibly from one to one-thirty I think, or one-thirty to two and then you talk about it and – they don't really force you to talk about it. Like, you know, I just checked-in last night. I don't even have to get out of bed for three days if I don't want to it, eh. That's how it works here, but I just can't see why in the mornings, like whatever, why can't you watch TV? Or if I can't sleep at night, you know like if you're coming off your addiction it's hard to sleep sometimes. Sometimes I can't sleep. I can't eat, run on nothing, eh. And I'm just laying there. Why can't I just sit up, you know, sit up and watch TV or something, like keep it down low. What's wrong with that? I know there are other clients, but not when there's too many of them and you're – I understand that. I respect that, but otherwise I just know. Some of the staff, they don't mind that. Like I know I know this one girl that was in here, she said she could stay up most of the night and watch TV. And I said, "So, okay well if you're allowed to come and nobody else is, eh."

Appendix 1.5 Responses to Long Answer Questions—What's Not Working

- And another thing, I can't be closed-in for seventy-two hours…Here – stay here seventy-two hours before you could go out and take a walk and I'm usually outside, like I can't. And appointments, they say that - well, what if I had a DIA appointment? What if I had a doctor's appointment? Sometimes they do allow you to it, but not after seventy-two hours, like tomorrow. I just checked in. I think seventy-two hours will be up by probably by Wednesday morning at eleven. I think that's when I'm allowed out. And then you go to AA meetings and I don't mind that [inaudible]. If you're allowed to take walks or [inaudible]….You can't come back for another twenty-four, so I don't know, but it's – otherwise it's okay.
- …and then another thing I don't understand too, is if there was a movie on, like there was a movie on to do with alcohol involved, drugs involved or whatever, like wouldn't that make the clients think about their parties and help them to understand where they stand, but if there's alcohol or drugs, anything involved in a movie, no, we're not allowed to watch it. But they show addiction movies. There's no understanding there, because you know there's something that we could learn in the background. Okay, I was there. I was at this party, okay. And all the things around you see happen. Okay, I've been there, I'll say. But things like this will come to my mind, but the staff come in and you can't be watching that. I said, "Why not?" We're learning something off it. It's not going to make you… Oh well, the only thing they say, "Okay, maybe it could be affecting this person, that person, about their craving." Like, their cravings, I know, I do understand that. Yes, I've been a counselor. Okay, so I know, so I know where they stand. I said everybody's got their choices in life, not just what you guys say, by your rules. And I said, "You know when I went to the treatment centers, I said I counseled a lot of those clients that probably [inaudible] haven't even been there before." Then they just looked at me and holy cow. I said, "Yeah, so what's wrong with watching a movie like that?" And that's one thing I just don't understand. Like, how long do I have to sit out there and watch Discovery Channel? What am I going to learn off Discovery Channel? Or listen to any news all day. [Laughter] That's no fun. To know what's happening in the world, my God.
- So that's what I think what these changes should be. The client's going to sleep at night, why force him to go to sleep. Why can't they sit up? You're not going to have that TV full blast, because I'm used to sound to help me sleep. Always to help me sleep I'll have my music going or TV going all night long or maybe just…
- Sometimes there's only like one person here. Sometimes – one time there was only me here and there's nobody to talk to. It was strangest – I've got to sit there and watch Discovery Channel or listen to the news. Like, I want to watch something to keep my mind, like off of things.

Medical Concept Detox

- Yeah. Help getting to your doctor for your prescriptions.
- Prince George was hooked on a hospital and they had a medical. You could take something to come down. Don't get nothing here unless it's prescribed.
- So, I think I was in here last week, but you know like if you're [inaudible] something, like if a person is coming off alcohol and I don't know, withdrawals, or something to help you sleep, or headache, can't they provide Extra Strength Tylenol or something, or anything?....You can't bring any medication in here anywhere. Only unless it's prescribed by a doctor and I got high blood pressure so they have to give me my high blood pressure medication every morning.
- One thing I wish I could change in here is, why can't they give you anything for a headache? 'Cause like I know if you come down with a fever or a cold and whatever and

you're aching and you can't sleep and the TV's got to be off at eleven and it's bedtime at eleven, and what if I can't sleep at eleven? I know some of the clients in here just can go to sleep because they're over their recovery, you know, like they've got their sleeping patterns back, but if somebody is just coming in and I book in and now I have a hard to sleep. I have a hard time to eat. And I like to sit up. I don't want to go lay in bed, you know, like it's…

- That's a tough one because they do get to help you with the meetings. You know, they point you in the right direction. I guess it's a hard call because that one time when it was filled-up here and they had turn away, that's kind of not right I don't think.

Other Clients

- I just wish more people would take it seriously and that. Like, I mean, it's hard I know to come in here and you're used to be hurting everyday, but it would be nice if there was some way that you could get through to the people would know enough to stay in that extra….instead of getting healthy for three days and going back out and – which I know is probably most common; like probably nine out of ten people that come through here….It's a good rest, yeah. But I mean at least they leave here healthy, or somewhat healthy, after a few days of – and back out again, but it's too bad there isn't a way to get it through – there's a better way to get it through to people that they should stay in. It's here to try and make people better. Hopefully I'm going to be one of the exceptions that this all works for, but. Yeah, and they've also helped me get in the program upstairs, the 28-day program.
- I know these people and once they get kicked out of Salvation Army then they come here and they go back and forth….they're abusing the system I think.

2. Detox Staff

Personal Suitability

- Well the staff the majority of the staff, are very, very good but there's a couple of them that are pretty cranky and they make you feel like getting out of here. So, there could be some staff changed.
- Sometimes things don't work with all the staff in here. One staff is not the same as the second staff. [inaudible] It's changed a little bit now. [inaudible] alternating with staff. Two different staff [inaudible] They should alternate the staff. So working together they should [inaudible]…Different teams. [inaudible] worked with two different people that come here. Next staff is just [inaudible]…different…Well, one will say one thing, the next one will say the next thing, the next one will say the next thing. I'm just trying to think [inaudible] Making me think different [inaudible]
- Well, some of the staff are like, you know, the day staff I don't mind, but the night staff, the [inaudible] that they pick on one side – I won't say her name, but I don't get along with her. You know, she seems like she owns the place. Well, you know, like I just don't get along with her….Well, you know I asked her, like if I just got in, like can I have water, or you know, like juice. I said bring me that and I don't know, but she just kind of – just rude with certain people and then certain people she'll like. So you know I don't think there should staff around here like that. She was on last night's shift. I know that. I think [inaudible].
- It's just that there's a couple of people that work here – I don't know – they seem – I could be wrong, but it…Well, just their attitude - yeah, just their attitude. To me it seems – it's almost like – well, it's like any job. There's good counsellors and some that – good teachers, some that…Yeah, so it's a problem. Or they could have a bad day when they shouldn't be bringing in here.

Appendix 1.5 Responses to Long Answer Questions—What's Not Working

- I think it's just a personality. People who have been through alcoholism know what it's like because they understand that. They know where you come from or they have an idea where you're coming from. Other people have read it in a book.

Staff Expectations

- [The respondent is speaking about expectations by staff on clients] At one point they did, yeah, but I didn't. I just kind of walked out. I wasn't well rested enough… Everybody was supposed to get up and do chores and stuff like that when you're still resting. For me, what I do, it takes me more time than others to heal up, to recover.

3. **Facility/Food**

- Okay, the beds are too hard (laugh)?
- Vegetable soup. It's chicken now.
- He also wanted to add the comment that there is not enough room in detox (space). There needs to be a separate common room. There can be 8 people in detox. There are people that are in recovery for several days and people that have only been there for 1 day. There is no recovery room. You could be in meditation or watching the recovery videos and someone is making toast and tea right in the same room. Now the one day people are mixed with the recovery groups. There needs to be a separate common room at detox.
- More room would definitely be good.
- I think you could use a different place, sure…Oh, the common area, the kitchen, we can't all do anything at once. It's cramped.
- It could be bigger.
- So far it's been great. I'm just trying to catch my sleep. Maybe a bit more comfortable bed would have been a little nicer but it beats the floor, so…
- …it's kind of close quarters.
- [Referring to the Intake Room]… it's bigger than this but the beds are pretty close.
- The only think I would really like to change, but you can't…You've got to have the plastic mattresses and that. They make you sweat. I sleep on top of the blankets and put a blanket over top of me because it just makes you… Same as the pillowcases. Plastic, too. But I use my housecoat…Because you're sweating to begin with and the plastic just makes you sweat more. That's health problems right there. I can see where that goes.

4. **Services Beyond Detox**

- I think basically everything's available. It's just a matter of whether you want to use what they have available, because I know a lot of people don't, but its there….They're aware it's there. It's a matter of whether you want to use it or not.
- They should have more places for people. There's some that want to quit but they hang around with the same people all the time. They don't have nowhere else to go but the same people to hang out with.
- I don't think it really matters because I've been to program before and it seems like I know what I need to do in order to…It's just that I need more support and that support…In the Yukon there's not too much support for…especially for men, eh? It's like when you get out of here and instead of going to your apartment, you can go to a place where they have men's health or something…sort of go to a place where there's…you know, where you can be in a safe place, a safe environment for the time being because in our detox it's just a

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place where they sober you up but once you get up and you're back out there on the streets, right? And most of the time you're very vulnerable to get back…

- …people get out from there and they don't have a safe place to go. I think it would be nice if they went to a safe environment and if they really wanted to do something about their drinking. I think most everybody that goes through a crisis in their lives, they can talk about it and they can have a better chance of recovery because when you're here in Detox, you're just coming out of withdrawals and…So, if they went somewhere else then they could talk about your problems, talk about what goals you want to take and then you'd be better off to go to another place from here. Something like that.
- I think a place to have a bit of aftercare. Because [inaudible] goes through program here, [inaudible] when I get let out of the program, they give you a month of program, they are still right back where they started. They've not moved anywhere. They may have got the tools but they are put right back in [inaudible]. Chances are they aren't going to have a success.
- They don't have an aftercare program. They don't have a place in which you can go…Support. Like, okay, if you need somebody that you need to call, to find a job, all of these things. You may have stopped drinking but all these problems are still here so you're right back up where you just came from. You're still on the street. You're still in the same…Whitehorse is a small town. Three blocks over is the bar. Two blocks over is your friends. Two blocks over from anywhere around. So you're out there and you've got to spend the say out there. So you come back down and there are alcohol and drugs are everywhere…All there is. And you won't last long. If you don't find something to do, a job or a place to stay [inaudible]…Yeah. If you went out and you had a place to stay and a meal in a safe environment where you can make phone calls and people could phone you at, where someone could…Looking for a place to stay, you need access to a phone. Somewhere to contact you.
- It would be, after you leave here there's already a treatment centre going on right now. Somebody can't get in there right now because there's one going and there won't be another one going for two months. So you can't stay in here for two months, so what you do is you go back to your house or wherever you were and then you're pressured again. I'd like to see a place, like a house, they have for addicts and alcoholics to stay there and they can actually have in and out AA and NA meetings. And they live there. They pay rent by the room through Welfare or through Pogey or whatever and they pay rent at the house and government helps by funding food and stuff or just picking up all the rent money. And they have counselors that run the house that make sure what he's doing and not using and doing the meetings and doing the share of cleaning and their chores. And they have guys 24 hours a day there doing that…they could have a six bedroom house and two guys in each room. That's twelve people that could be living there. And waiting to go to treatment or just getting their life together for a few months. Like finding a job, getting on track or finding your own place. Finding a sponsor. Getting to meetings. Meeting other people.
- …a lot of the people that you use drugs with and drink with go to the same meetings and sometimes there's conflict. And sometimes you hold back things that you don't want to say and in order to get clean and sober you have to be honest. Now if anything… I mean, this is a good program, I'm not knocking it down, it works. But for some people it won't because it's just in town. You need a place where you can go and you can talk to people you don't know, who don't know you, that you can let out….Like, I'm not a raper or murderer or anything like that but I do have things I want to share that I just don't want other people to hear. And especially getting it around town sort of makes it hard for you to share, to get honest. If there was a place that you could go to and come back with different people and you never have to see them again…

Appendix 1.5 Responses to Long Answer Questions—What's Not Working

- Somebody mentioned yesterday that one of the guys that's in here now used Salvation Army or talked to Salvation Army, anyway. And he's going to Edmonton for the three month program. I think I need to do the same thing.
- Like a follow up program, besides getting into the programs. But there's always a wait for that….like a drop-off centre. Never mind the AA meetings at Maryhouse and that. But just a place to go during the day any time. But that's government money and they're pretty tight on that shit.
- Yeah, probably if there was a detox centre. Like, the detox centre is fine the way it is, but it's almost like it needs to have a sister recovery centre for people who after…Like, so many people just want to come here and crash for a night, get a few meals and go back and give 'er. Whereas there's a lot of people who come and they stay and they want more, but there's nothing more. You've got to wait two months to get into treatment or you've got to go out. So then they check out. But if there's something here to keep them here…Like if there was something in conjunction where you come here and if you're here for seven days and you seem like you want it and you're willing and all that stuff, that there's another centre ready to go. And there's like, classes and yoga. Like, where they can just take you right into recovery. Because so many people just bounce back and forth from the street to here, from the street to here, from the street to here…It'd be live-in. Like, counselors right there, on site.
- …that come Monday when I'm kicked out of here I have somewhere to go and continue on a sober path to try and straighten up. Whereas somebody else who doesn't maybe have half the gumption that I do, or whatever, on Monday morning, they're just kicked out and they're just walking around. It's just a matter of time before they're using or their high or whatever again and then they're back here doing the same thing. So it would be so great if there was the option where, hey, with Sarah Steele's sister building up in frickin' Marsh Lake or whatever, Monday morning there's a shuttle bus here and if you need, if you want, to change your life, well, let's go to this continued care facility for four months where you just go in and it doesn't matter. It's not like the whole group has to start at the same time and you're not waiting for a couple of months and it's like… I can see where some people need a safe place or they're going to die if they don't get a couple of meals and rest. So that's all this place is, really. And I mean, of course, they do more though because that part doesn't exist. They do [inaudible] or they try to set you up for treatment. And they do a lot more than most detox centres do just because it feels like there's not that spot. Like it feels like Monday morning, when they it's time to go, it's like okay, I should have the choice whether I want to go back to the street or whether I want to continue and maybe see that, yeah, I can make changes in my life and there is help out there that I can do that. You know, where really there isn't.
- Not so much accessible to, like drugs and stuff, just that being out of town, like a lot of times treatment is hard. You go through really hard days and if you're out of town and you're like, "Fuck it. This sucks. I'm gone. I'm going." If you're right downtown, boom, it's two minutes and I've got it in my hand and I'm high; whereas, if you're out of town and you're walking down the road for a few minutes hitchhiking you have that time to change your mind and go back or you have the land where you can be out walking. Like here you go walking and you see the bars and you see your friends; whereas, you know when the person is going through personality change like that or recovery change like that, you almost need to be away from the things that you see and you recognize that keep it the way you are, until that change has rooted in yourself enough that you have the strength to tell those people to go away or you're not interested in that bar and you're not [inaudible] sort of thing. So out of town, definite; for detox centre, in town is best because it's right here, but for something like a recovery centre, it should be out of town for sure. So that if a

person is having a day and they want to take off, at least they've got twenty miles ahead of them be like, "Oh, fuck is this right thing?"

- Well definitely more addictions - in like counseling type of thing in the communities, definitely.
- …so I guess somewhere safe and warm to sleep is important so some sort of housing would be great.
- Then when I came back here to this community there was no backup help….I didn't get no support. I didn't get no backup support after being out there for fifty-two days and graduating. Like there was just people putting you down instead of looking up, like be proud of you, eh.
- Well, I think I came here – I don't know – just for the night because it was filled-up, so they had to turn people away. And even the overnight thing here, and that's abused too. I know that. Some of these people – like when Salvation is full, they don't got nowhere to sleep, they just come here. Well, that's not right, and then they got to turn away people that have actually have the addiction issues and…

Additional comments: (added after recorder was turned off)

- When asked what would improve services he indicated that It would be good to have something like a halfway house. Somewhere to go when he leaves detox. He says that when he leaves detox there is nothing else to do but go drink, a halfway house would be a place where he could go where he didn't have to just drink to pass the time.
- He uses Salvation Army for shelter, but they are open limited hours. On the weekend he has a lot of time between when he has to leave because they close the doors until they open it up again. There are lots of fights there but he feels safe most of the time.
- Jim asked about a possible shelter or halfway house and that they would likely have no drink and no drug policy… He said that would be okay as well as if they talked to him about sobriety and lifestyle.
- He would really like to see somewhere to go after you leave here (detox). You ready to leave and need to find somewhere to go. Need a halfway house. There should be some program-in-staff, a safe house to go to. We (people) leave here and from here go to a hotel. These hotels are full of people using drugs and alcohol. I have stayed in all the hotels in Whitehorse; they lead to drugs and alcohol.

From Referring Agencies' Perspective

1. Role/Function of Detox

- …there's not an extra room and there aren't enough beds. Because I know people do get turned away from Detox, and then where do they go? Back on the street. The hospital I don't think is taking a lot of clients. People who should be going to Detox.
- …the majority of their users are alcoholics, so the drug users have different needs and those aren't always met. I think if there was a service to fit the needs of the clients, not the needs of the employees, such as in a downtown clinic where they could be – there could be help offered with the detoxification from alcohol and drugs that would be open the hours that they're up. It would be on a walk-in basis because I have found a lot of people that are currently using, they don't know if it's Monday or Friday or one in the afternoon
- So they have problems with the facility. They have problems with other clients. They have problems with staff sometimes. They have some problems with some of the programming. Like once the people are healthy they have a requirement that they go to 12-step programs

or 12-step support groups. Some clients do not like or want to do that. So there's some rules and some programming that they object to. There's a problem I think with people who have behaviours related to mental health with the staff down there. Some staff down there don't feel confident or confident with it and so there's problems around visible mental health difficulties. They don't feel they have the capacity to handle.

Recovery

- I think it varies but I think on the whole it's something that they are open to. I think it certainly varies by where the client is at. Like a lot of clients that are coming in for detoxing are just so desperate and so information for them, they just soak it up. And it depends on where they are in their…I mean, after they get mostly detoxed, many of them will just leave because what they're looking for is "If I can get detoxed then I can get high again." Like, after you drink and use for so long, no matter how much you use, you don't get high anymore. So if you get clean, then it gives you the chance to go back to at least get…
- Because what happens here is we get people in who are genuinely wanting to stop. They do stop and they'll stretch the time to ten days, maybe two weeks downstairs, which is not what they're supposed…You know, that's not what the facility is designed for because there's no place for them to go and they've got to go back out into an unprotected environment and to me those two are the two biggest needs.
- One thing that I think would be helpful, and perhaps this is happening more and more with Detox, is that when people are trying to get sober, to be able to have a safe place to go while they're making their plans and taking steps to address their issues and say, get into treatment…so that was also a problem…someone would be maybe at Detox and would be thinking about going to a program and maybe it would take a week or two to get that all organized, and Detox would have a policy that they could only stay a certain number of days and then they were out. And there wasn't a lot of room there for helping someone really get their plans together so then they would be starting to feel better and starting to think straight and making their plans and then the next thing you know they would be out again and they would be lost rather than being in a safe environment in order to get their funding and get their plane ticket and get their supports all in order and say their good-byes and do that and then go off to a treatment program….It just seems that there's a little more leeway there. Over the last several months, if they know someone's working toward a program that they can stay pretty well until they can go to the program. And then I've heard some people say that they would go to Detox even though they weren't intoxicated right then. Sometimes people would, you know, they'd go and have a drink just so they could get into Detox.
- I think a lot of chronic alcoholics pop in there. I talked to one guy who had quit drinking. He's a chronic alcoholic. And he had quit drinking for I think it was about twenty-one days or something like that at the time. And he was saying that he felt that he couldn't go to Detox because he wasn't drunk. So, I think it would be good for people like that to be able to still access Detox in a very informal way. This is a person who, I think, doesn't get along with AA. A lot of people with addictions have a problem with authority or very rigid systems. So for him to have the ability just to drop in and have a cup of coffee and chat with somebody would be a real positive support mechanism for him. So I think Detox staff should be allowed to do that. I don't know whether that is his perception only.

Length of Stay

- …it's not meant to be shelter so it can't be treated as just a place to crash, even that – because there's just not enough housing, emergency housing for people in Whitehorse so detox is often as a temporary place to stay, as shelter. So they have to have some rules to try and prevent them from just becoming a shelter and trying to engage people in programming, but there's, in my opinion, there's still a lot of hoops. Like, it's not really easy. It's easy to access and go in, but you have to – there's so many conditions attached.

Policies

- There are a lot of 'hoops' to access detox. Clients don't like going because they have too many rules and they have to 'jump through hoops'.

Youth, women, and persons with mental health issues

- There's an age where they fall between the cracks where Family and Children's generally won't deal with them even though it's their mandate. There's no youth shelter. So to me that's a gap that may or may not be able to be addressed by Detox but we're working with substance-involved youth who may need Detox services. So I think there's a whole new need…that's emerging. And they aren't being able to respond to in the way that they would like to be able to and that the community needs.
- I think they need to start looking at youth as well as women as an increasing client population. And the number of youth using drugs. And the increasing use of crystal meth that I'm hearing about. I think that they need to be able to serve those…to serve youth. And that usually requires a little different set up. I know in Alberta there are specific agencies. Detox is for youth. The treatment centre is for youth. We don't have the luxury of having that here. But if they had a larger facility and maybe had one sort of separate kind of wing or…wing is probably too big a word, but place where youth could go so maybe not to be in with the rest of the population. I don't know. I'm sure they've got lots of good ideas of their own, the staff.
- I think that women who go to Detox or who should be going to Detox or who want to go to Detox, have a problem with child care. I don't think Detox has any capacity to deal with that problem. And a lot of women who do go there may have lost their children already because they're pretty far down. But I know some of the women that I did talk to there, one of them anyways, had to make her own child care arrangements so she could go to Detox. She did still have her children. So I think if there was some capacity for that they might be able to reach women before they lost their children.
- But now it's moving down, say 30's and 20 year olds. Most of the women that I spoke…half of them…at least half, if not more, were in their twenties that I spoke with there.
- I think also with the increasing use of cocaine and crystal meth that there are going to be more young people there. So I think it would be good if they had a counselor there who specifically had an interest in youth and had some expertise in youth counseling and was able to do some of that youth outreach as well. Or make connections. Like I know they have connections with the outreach van but it might be even an idea for somebody from Detox to be able to go if they had a staff person that could be a participant in the outreach van. That would be a way of establishing more rapport, making it less scary for people to go there.
- I think there might be services needed at some point for adolescents. Some of the adolescents are smoking crack…

Medical Concept Detox

- …There are some psych meds that they don't administer so people who are taking those meds can't stay at Detox….There's nowhere for them to go. They can't be at… It's a real service gap in the community. Now I know Detox is trying to address that. They're looking for a nurse to be on staff so I think that would address some of those problems. And I know they're having a hard time finding someone to do but that would address the medication issues. So that's definitely of a concern for us. So we're really supportive of them finding someone who's medically trained to be able to administer some of those things that they can't currently do.

- So I think there's a whole new need…that's emerging. And they aren't being able to respond to in the way that they would like to be able to and that the community needs. I think their facility is deplorably overcrowded. They don't even have an intake room. So I think there's a whole new need…that's emerging. And they aren't being able to respond to in the way that they would like to be able to and that the community needs.
- A complete – a true medical detox that has health professionals, nursing, a doctor attached to it with the ability to do IV's have medications beyond sort of their standing orders. And then, once you've done your one week of medical detox or two weeks, whatever you need; then you can shift straight into treatment. Because if you're at the point where you're ready to go and think about cleaning up or sobering up, it's a golden opportunity to engage somebody into treatment and it keeps just getting missed because there's just not the capacity to do that.
- And we wanted to send him to detox. He was willing and wanting to go to detox, but they – because they don't have the medical professionals wouldn't do it because he's on methadone. And it ended up going up the chain of command and it worked out in the end in the fact that they – because once you're in detox you're not supposed to leave. You're supposed to be there in-house for three days. Well, the only way – nobody there could administer methadone so the only way he could get his methadone was to walk down to the Medicine Chest, drink his cup of methadone a day, and then walk back to detox, but that violates the rules. So they weren't going to let him stay there.
- …the majority of their users are alcoholics, so the drug users have different needs and those aren't always [inaudible].
- There's a problem I think with people who have behaviours related to mental health with the staff down there. Some staff down there don't feel confident or confident with it and so there's problems around visible mental health difficulties. They don't feel they have the capacity to handle.

Confirmation and summary of points that may have been missed because digital recorder battery ran out….mid interview.

- There needs to be a full medical detox, the continuous care. A facility that medically detox people for a couple weeks. Then a transition directly into treatment. Now they have to wait for treatment.
- Medical services attached to the detox facility. This would be a prime opportunity to look at their feet, teeth and other medical issues. There are no medical services for this population.

2. Detox Staff

Management

- Well, I think if I say this I will have to try and explain it and I don't know if I can. I think the management part of Detox needs to relax. I think that there's…I just feel that there's a lot of stress put on some not-so-significant rules that make it difficult for clients and for staff. So I don't know how to…
- …there are times when it seems like there's some arbitrary things happening but…Certainly clients report that it's okay to do this with one staff and then the next staff shift change will come on and it's a whole different game. A different ballgame.

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- Because you have policies, right? But then you have people who have their own opinions and if they're free to exert those opinions, they do.
- Sometimes it's the littlest things that can change the whole dynamic of a workplace and environment where people feel…because things like that…any place that there's rigid guidelines where people feel that they're under…Like there's some rules in there that you can't bring any kind of food in. You can't bring any chips and pop in or you can't….I think it's a personal rule of the supervisor so…Yeah, so there's just some of those type of things that make it difficult for clients and staff that I think could be relaxed that if they were…Certainly they're going to be looked at as health rules but I just don't…

Personal Suitability

- Well, it is an issue for clients. They want to know but it doesn't have to be the way it is. They're wanting to know "Have you had an addiction?" And if you say no, then you're going to have to work harder to prove that you can still help them. But the truth is you can be just as effective just as…You know, you don't have had a heart attack to go to a doctor. You go to a doctor and you say to him, "Have you ever had a heart attack before?" "Well, no." "Well, I'm sorry, you can't help me." …So, certainly there's some validity – a little bit of validity – to it. And that is that you understand the lifestyle a little better and you understand maybe a little better just how difficult an addiction can be to overcome. But for the most part, most people have had some form or another of a thing that they've had to try and…And then it's gotten to become unhealthy for them and so they've had to stop it. So most people know what that feels like. However, it's really important to clients. It's really important to them that you do some form of experience and that's one of the first things that they ask you when you're recovering.
- I don't think you have to have been an addict to really appreciate where they're at because I'm not. I haven't. That's not my experience. But you have to care about them and you have to be non-judgmental. And there's definitely…I mean, some of the ex-addicts down there can be pretty blunt and brutal with their input, too, because they've been there themselves and think the best way to handle it is to let them know what their case is and call them on it. And sometimes that's exactly what people need. You never know. And sometimes it isn't. But I think the main thing is they just really need to care. They really need to believe in what they're doing and care because it's a tough job and it's often pretty thankless.
- It's really hard. I mean, we have that…I think a really crude hiring process. I don't think that works at all. But anyway, I think you really have to weigh the personal suitability. Like, you have to really take that sort of seriously. But I think the main thing is you've really got to use that probationary period to check people out and see if this is their job….I think the system we have is not it but I haven't figured out what the alternative is.
- …We've been thinking about doing some psychological testing but we need somebody to advise us what psychological testing to use or to help us. Like, I think that would help….personality stuff for one thing and just values. Actually, we could do that because I used to be a carpenter, actually, and the only time I ever had a personality or a personal suitability inventory to do was when I was hired by the school board as a maintenance carpenter and they gave this extensive personality and values inventory. And I think if they use it in that position, man, we should be using that kind of stuff.
- …there's personality conflicts with some staff in Detox. So different clients will like different Detox staff. I think there's probably some staff down there that are…I mean, the staff really ranges. There's some really great staff down there and there are some that aren't so great. And some clients end up in conflict with staff or with the rules or with the facility. The facility is pretty small. They're pretty cramped if they're full. That's a definite problem.

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Training

- So some of it might be training around diffusing…How to diffuse.. I think some basic skills training would be really helpful for a lot of people down there and I think they've asked for it. And I think it's starting to happen. You know, around communication and picking your battles, which is conflict resolution, power struggles.
- There's a problem I think with people who have behaviours related to mental health with the staff down there. Some staff down there don't feel confident or confident with it and so there's problems around visible mental health difficulties. They don't feel they have the capacity to handle.

Outreach

- I think if they had more staff and if they had the ability to do more outreach. Although, the more outreach, the more clients. And the more clients, the less ability to serve them because they'll be full.
- I think if there was a service to fit the needs of the clients, not the needs of the employees, such as in a downtown clinic where they could be – there could be help offered with the detoxification from alcohol and drugs that would be open the hours that they're up. It would be on a walk-in basis because I have found a lot of people that are currently using, they don't know if it's Monday or Friday or one in the afternoon or…

3. Facility/Food

- It's cramped. It's not a purpose-built space. Obviously, that almost looks like a kitchenette and a shower for, it was built for maybe nurses and…And here they are housing however many they…It should be open, it should be airy, it should be bright, there should be space for people to move around in. I mean, I can't imagine being down in that little space for ten or even two days, just stuck with other people so close.
- Physical safety. Well, I think there probably are. Like if you had someone…Let's say, for instance, you had a meth-amphetamine client who is now really affected psychologically by the drug and is violent, in a small space like that they could do a lot of damage to a lot of people before they could get that person under control.
- …The facility is pretty small. They're pretty cramped if they're full. That's a definite problem.
- There maybe enough beds on average, although they turn people away at times. But if you get ten people in there, they're crowded. They're crowded in their sleeping and their crowded in their leisure times, like outside of their rooms. It's crowded. So, it's pretty packed.
- …The other concern is that sometimes there's not enough beds at Detox. They don't have…I mean, generally, there are more men who are being served but there are certainly lots of women being served. But I know at Detox they have to be careful how they put people together. So if you go in on Tuesday, by Thursday you're in a certain state of your detox. Well, I come in on Thursday, I need a bed but they're not going to put us together because I'm still maybe wreaking of alcohol and it's too much of a trigger for you. Do you know what I mean?…Because there's limited beds there's often not a bed for women. They have limited beds. You see a similar situation up at the Ark where there's actually only one or two beds for women and women can't stay there coming out of jail because the beds are all taken up with men or all the men are, you know, they're abusers. It's not a safe environment. So that's a bit of a concern. It would be nice to see maybe some more beds that are actually reserved and if they're not being used…One thought I just had that can be

a challenge is we've had women go there and then they can't stay there because their abuser is there. So, how to make that work.

- We need more and it would be great to have, you know, another facility.
- I think a bigger facility that had more room, that maybe we're able to separate men and women's areas. That would alleviate some of the issues. I'm a really strong believer in harm reduction. I'm not opposed at all to a safe injection site in town. Like, looking at some of those options of harm reduction and how we can be…I don't think that can be in the same facility, but as part of a program for supporting people trying to be less involved with substances.
- So I think there's a whole new need…that's emerging. And they aren't being able to respond to in the way that they would like to be able to and that the community needs. I think their facility is deplorably overcrowded. They don't even have an intake room. So I think there's a whole new need…that's emerging. And they aren't being able to respond to in the way that they would like to be able to and that the community needs….When I was there interviewing staff, there's one office at the front of the building. Well, a woman had come for help and the staff had to interview in the entryway. There was no other place for this woman to be interviewed. There is no client…How can you have client confidentiality there? If someone came, another client came or some else walked through the door. Because they give coffee to people and things like that, and that's a valuable part of the service. That keeps up a rapport with a really hard to serve population. And that's necessary. So, they're just squashed into that tiny little space. It's ridiculous that they don't even have an intake room. Or a quiet room where they can take someone to go through the intake process.
- …there's not an extra room and there aren't enough beds. Because I know people do get turned away from Detox, and then where do they go? Back on the street. The hospital I don't think is taking a lot of clients. People who should be going to Detox.
- I think on some occasions it might depend on who's on the men's side. You know, if it's somebody that they've had problems with in the past, then they're not going to feel safe there. So I think if the facility was a bit bigger then those kinds of fears could be alleviated a little more easily. On the other hand, they can't control who's going to come from one day to the next.
- I think they need to start looking at youth as well as women as an increasing client population….I think that they need to be able to serve those…to serve youth. And that usually requires a little different set up. I know in Alberta there are specific agencies. Detox is for youth. The treatment centre is for youth. We don't have the luxury of having that here. But if they had a larger facility and maybe had one sort of separate kind of wing or…wing is probably too big a word, but place where youth could go so maybe not to be in with the rest of the population. I don't know. I'm sure they've got lots of good ideas of their own, the staff.
- …they're a little limited because there is no examination room, so I can't do things like a female exam or – I have done male exams on the bed. They're a little easier. You don't need stirrups for them, but testing for HIV, hepatitis, syphilis, Chlamydia and gonorrhea in men. And the HIV, hepatitis and syphilis are just blood tests so I do those in women as well. Immunization for Hep-B if I know they need it and I can do TB testing.

4. Services Beyond Detox

- Maybe there should be other services available once they access Detox…

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- And clients will also have problems with other clients. Like some clients, when somebody else walks in the door, they're gone. Maybe not instantly, but they let me know. "I couldn't be there because this guys here and he's my dealer" or whatever it is. So there's that kind of stuff.
- Well, a halfway house. Whitehorse has nothing, basically, and there's nothing for it. It would be great for Detox to be linked to a halfway house so that if they did get overcrowded and you had someone who was mostly detox, you could have them go and stay and at least that would take care of some of that crowding problem. But a halfway house would be great for after treatment because people are basically finish treatment and they've got to go back to those same homes, same situations…Support workers. So it would be a place where people could actually live for an extended period of time while they get some lifeskills as well.
- …I think we definitely need a psych ward. We need a mental health facility. There's just no doubt about it…There's a couple of beds that are designated on the medical ward which are always full to overflowing, seems like, in my experience, anytime I've tried to get someone in over there. But that's an unsuitable place because people…These people have behaviours, they disrupt everything, they're not suitable on a medical ward. They just don't have the facilities. They don't have the staffing that are trained. They don't have any of it. So there's definitely a need for a psych ward….They need a designated area that's separate and set up for that and then they also need…Like there's a certain number…I think it's a fairly small proportion of people who are in acute detox who need medical detox. Who need medical supervision. They need medical staff watching them because they're that at risk. So I think that's a very small number, but we don't have it. So when that happens it happens on the medical ward and it's not a good place. So it's not good in this facility without full medical back-up and it's not good on medical ward either, so what they need is…And apparently…I guess this is a very long-term problem, ongoing need. There's been a couple of studies again that say that we've got to have this. And there's a move again going on to open the Thomson Centre, part of it, to do that, but it's definite. In my mind it's like the critical need for both those purposes.
- …Because what happens here is we get people in who are genuinely wanting to stop. They do stop and they'll stretch the time to ten days, maybe two weeks downstairs, which is not what they're supposed…You know, that's not what the facility is designed for because there's no place for them to go and they've got to go back out into an unprotected environment and to me those two are the two biggest needs.
- …There are some psych meds that they don't administer so people who are taking those meds can't stay at Detox….There's nowhere for them to go. They can't be at… It's a real service gap in the community. Now I know Detox is trying to address that. They're looking for a nurse to be on staff so I think that would address some of those problems. And I know they're having a hard time finding someone to do but that would address the medication issues. So that's definitely of a concern for us. So we're really supportive of them finding someone who's medically trained to be able to administer some of those things that they can't currently do.
- …there's an age where they fall between the cracks where Family and Children's generally won't deal with them even though it's their mandate. There's no youth shelter. So to me that's a gap that may or may not be able to be addressed by Detox but we're working with substance-involved youth who may need Detox services.
- More youth programs and services for youth who are wanting to Detox, I would say. What else did I talk about? More frequent treatment services. I know they have the men's and women's treatment program but it only happens like twice a year. And also, they had for a

while a residential, but I think that has stopped, where they had a place where you could actually go and stay while you were taking the treatment program. I'm not clear on where that is right now but we were having women wanting to come and stay with us and it's not really our mandate. And that's really tough, where we have to say no or we can say yes for a few days, but if we fill up with our priority mandate we need to refer you out. And so, I think, housing for people who are doing treatment programs, making sure that that's always available when they're doing…

- And I know for people who have gone out, it might be interesting to see some sort of program for people who go outside for treatment. You know, I know particularly a lot of First Nations people do that. You know, go out to long term, their long term treatment programs, six months and they come back and there's nothing for them. And a lot has stayed the same and it's really easy to get re-involved….Some kind of halfway house or something that was here for people with programs to help make that transition from being gone and then wanting to come back to your home community.
- I think that Detox, for them it's just really tough that there aren't more treatment services in the territory, is really hard. And so in some ways maybe they get blamed for that lack of service but…We need more money that's committed to this. It is just such a huge thing that just has big tentacles into all other areas of social concern.
- One thing that I think would be helpful, and perhaps this is happening more and more with Detox, is that when people are trying to get sober, to be able to have a safe place to go while they're making their plans and taking steps to address their issues and say, get into treatment…so that was also a problem…someone would be maybe at Detox and would be thinking about going to a program and maybe it would take a week or two to get that all organized, and Detox would have a policy that they could only stay a certain number of days and then they were out. And there wasn't a lot of room there for helping someone really get their plans together so then they would be starting to feel better and starting to think straight and making their plans and then the next thing you know they would be out again and they would be lost rather than being in a safe environment in order to get their funding and get their plane ticket and get their supports all in order and say their good-byes and do that and then go off to a treatment program….It just seems that there's a little more leeway there. Over the last several months, if they know someone's working toward a program that they can stay pretty well until they can go to the program. And then I've heard some people say that they would go to Detox even though they weren't intoxicated right then. Sometimes people would, you know, they'd go and have a drink just so they could get into Detox.
- There needs to be a transition home, place for people who are in transition who are starting a substance-free lifestyle and trying to be responsible and don't have anywhere to live. They don't have anywhere to live. They don't have friends and supports that are sober or drug-free and they don't have the resources to get an apartment and even if they did there are perhaps too many negative influences that would take them away from their plans. It would be good to have a place for when people get out of jail and they don't qualify…they aren't on probation and they don't qualify for the halfway house. They're just trying to get a safe place to live. For when people come home from treatment program or for when people are just trying to adopt a substance-free lifestyle on their own, a safe structured environment that would help people with these plans. That would be really, really useful for men and for women.
- So it would be one or two staff there just to monitor the comings and goings and what's going on in the place and perhaps the same person or a different person could help people with their practical and emotional and those needs. Trying to stay sober when the going's tough. Or stay drug-free when the going's tough and there's been negative influences on

someone's life and difficult things happening. And also to help with the practical things, whether it's setting up a bank account or finding an apartment or transportation to and from looking for an apartment or just all the kinds of things that might help. But even planning a budget and things like that. Looking for a job. Support. Things like that.

- Regarding Detox and the programs they offer, one problem that we found is that there perhaps aren't enough treatment programs and perhaps the program, because it is simply a 28-day program, it maybe is not long enough or intensive enough. And perhaps not enough in-depth follow up from the program. So those are two separate issues. One is that there are only are maybe four to six programs a year. Like the women's program and then it's the men's program. And then it's the women's program. And then it's the men's program. As opposed to offering a men and women's program all the time. Also, the program has a start date and a finish date and so when someone is ready for treatment, they're not always ready at the same time the program's ready and the program isn't ready at the same time they're ready. But I think we lose a lot of people that way. If it was possible to have a continuous intake program that people could plug into after, say, a five day abstinence period and perhaps something that was longer....several people have mentioned that when they go to the program here, they're just starting to trust the staff and they're just starting to open up and they're just starting to meet their issues head-on. And then the program's over and they really feel lost and churned up and upset because so many things have just suddenly come to the surface and now they're ready to talk about these things and then they're cut off. And it's quite difficult. So that's a problem, perhaps, with a 28-day program. For instance, maybe a 28-day program as an introduction would be a good idea and then from there, if a person's doing well in that 28-day program and benefiting from it, maybe then go into a four month program immediately where they know they're going to be delving into their issues and tackling things and really getting support.
- Another problem is the funding for such programs. So, it's difficult often to get the funding. And I don't know if Alcohol and Drug Services could have some kind of funding in place or some kind of arrangements, say, with Social Services because, for instance, a lot of the time people can go to a program and...for instance, Salvation Army programs...it's a four month program but often the Alberta Social Services will pick up the tab. But the client or the Yukon has to pay for the first month. Now that's very nice of Alberta Social Services to do that but, you know, when you would think that the social services here would be willing to contribute the whole month earnings towards that first month because it means that they're, first of all, they may be helping someone get off social assistance when they finish the program. And secondly, if they're going to be in Alberta and the tab for their housing and food and everything is being picked up by Alberta, they're saving three months' worth of financial assistance. So you'd think that they would be willing to say, "Okay, we'll give you all of your housing and all of your budget needs and it can all go to the program." And that would be very simple but maybe that's something that needs to be worked out as policy or something between say the departments so that there's real funding available through DIA and through Social Services for people to go to treatment.
- The lack of affordable housing in this town is appalling. Affordable, safe, clean housing that you actually might want to live in. I think a lot of chronic alcoholics pop in there. I talked to one guy who had quit drinking. He's a chronic alcoholic. And he had quit drinking for I think it was about twenty-one days or something like that at the time. And he was saying that he felt that he couldn't go to Detox because he wasn't drunk. So, I think it would be good for people like that to be able to still access Detox in a very informal way. This is a person who, I think, doesn't get along with AA. A lot of people with addictions have a problem with authority or very rigid systems. So for him to have the ability just to drop in and have a cup of coffee and chat with somebody would be a real positive support mechanism for him. So I

think Detox staff should be allowed to do that. I don't know whether that is his perception only.

- And emergency shelter. A large emergency shelter. And emergency shelter for women. Most women are afraid to go to the Salvation Army. And a lot of referral agencies send women there as a last resort because it's pretty rough. The crowd that uses it is pretty rough and the chances of a woman find a past or present abuser there are quite high. Their stats for women have increased as well, for women using the shelter, the Salvation Army shelter, which speaks to those women's desperate state. We need more emergency shelters. The number of beds the Salvation Army has is not adequate at all. Not for men and definitely not for women. And we need a place where people can go when they're drunk or when they're stoned and be safe….I think we're talking a couple of facilities. You can't have…you know, one place can't do everything. Like the Salvation Army, for instance. It's supposed to do everything, but it can't.
- I think there needs to be a halfway house for people coming out of the criminal justice system for women. The Ark doesn't really take women. To help them get on their feet, I think there needs to be some sort of a halfway supportive kind of house for women who are trying to…
- …in the case of addictions, if they come out of Detox and they want to get into a longer term program, where do they go in the interim? If they're homeless, where do they go? There is no place. They need a supportive environment. People coming out of treatment need the same thing. And I think there needs to be an emergency shelter for women where whether they're drunk or stoned or high on something, they can go and sleep safely. The current regulations at Salvation Army and Kaushee's, if they're allowed, the person can't be under the influence of anything. So what happens to those women who are? Use your imagination…
- I think they need to start looking at youth as well as women as an increasing client population. And the number of youth using drugs. And the increasing use of crystal meth that I'm hearing about. I think that they need to be able to serve those…to serve youth. And that usually requires a little different set up. I know in Alberta there are specific agencies. Detox is for youth. The treatment centre is for youth. We don't have the luxury of having that here. But if they had a larger facility and maybe had one sort of separate kind of wing or…wing is probably too big a word, but place where youth could go so maybe not to be in with the rest of the population. I don't know. I'm sure they've got lots of good ideas of their own, the staff.
- Yeah, it could be very, very basic. There are physicians in Whitehorse. I know – well, I shouldn't say physicians. I know of one doctor who would probably be interested in something along that line. You would need more than one nurse for the services because of the hours. Yeah, and it might be hard to find nurses who just want to work evenings or nights. But kind of one-stop shop. Hey, you know. Where they could be looked after, you know their physical and their emotional and – a holistic, a holistic health centre where – and they would feel comfortable. A nonjudgmental setting where their services could be provided that is especially for them.
- Well, no, just period, with any kind of treatment, whether it is here or outside or wherever. You know it would be nice to have a study done to see if there is a difference in needs between alcoholics and the people addicted to cocaine. Cocaine just seems to grab them and it doesn't let go. I know clients who have been through detox and been through their in-house treatment program and see me a week or two later and say, "Hey, I'm on a run and I haven't slept in four days and I haven't eaten." And it's like – I know that healing has to come from within the person, but I wonder what if anything.

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- I think some of them want more, like the ability to go in, do your medical detox and then stay and move straight into treatment, which, that doesn't happen. And we have to get on the wait list for the in-house twenty-eight day treatment program and if it happens to be you're female and it's the male month, you're looking at another month or more to get in. So continuity of care doesn't often work for them. The fact that it is easily accessible so they can access it if they do need to, but a lot of time if they're too intoxicated or there's a medical risk they often will get referred over to the hospital anyway....
- ...it's not meant to be shelter so it can't be treated as just a place to crash, even that – because there's just not enough housing, emergency housing for people in Whitehorse so detox is often as a temporary place to stay, as shelter. So they have to have some rules to try and prevent them from just becoming a shelter and trying to engage people in programming, but there's, in my opinion, there's still a lot of hoops. Like, it's not really easy. It's easy to access and go in, but you have to – there's so many conditions attached.
- It would be nice to have some kind of clinic attached to it where they could get a full, complete health checkup. It's a golden opportunity, they're there, to do a complete assessment, look at feet, look at skin, wound care, that kind of – dental problems. So that medical piece is missing.
- It depends on the staff working and I can say that because I work there. Some are good and some are just so tired of seeing the same faces. That's the other thing is that – it's because the RCMP picks up Joe Blow whose drunk in front of the liquor store. They can't put him in cells without having him – if he blows over a certain amount he has to be medically cleared. So the emergency room is used as dumping ground for all of these intoxicated patients and they're disruptive as anything in emerg. They're time-consuming. If there're real emergencies happening, they're hard to deal with because they're – often you have to restrain them or I've seen them handcuffed to stretchers because they're trying to get off. They're trying to rip out IV's. They're wandering around. They're disruptive. They're drunk. And it's not – the emerg. isn't the place for that or for any kind of detox. If they're not going seize or you have a protocol in place for seizures, there should be a medical detox for that, so that you're not using emergency care to deal with that kind of thing. So yeah, the nurses and the doctors get really tired of seeing the same – because sometimes it's the same person every day.
- There needs to be a full medical detox, the continuous care. A facility that medically detox people for a couple weeks. Then a transition directly into treatment. Now they have to wait for treatment.

From Staff Members' Perspective

1. Role/Function of Detox

- There is a lot of people that wouldn't come to Detox, I believe. Like, I don't believe that we see everybody that's trying to stop drinking or using drugs. There's probably a whole lot of people working for the government that have positions where they feel they really couldn't go to Detox because I think there is a perception of who is coming to Detox. And I don't know really how you change that. But there's an awful lot of people. And even construction type of people. And I think Detox is maybe looked at like the bottom. Like, it's handling the low-end drunks. I don't know if that's...Homeless, street people or whatever it is. But there's a whole lot of people that are sitting at home with their home and two cars and everything else that have addictions problems and realize that and need to do something. But I don't think we see very many of those people. And I don't know quite how you change that perception.

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- They could fill the place up and so people who are not accessing the Detox as much could get turned away. Like, say someone that's just new to the whole recovery scene and just checking it out for the first time and they realize that they're reaching out for some help and they get turned away. I think that's an issue sometimes. I think, since I've been there, it hasn't…I guess people are getting turned away and probably people that sometimes need…
- There have been times when we had to turn some women away because there are not enough beds for women, but most of the time it's fine.
- …we had two fellows who just stayed right till treatment happened. And we had people coming in. We had four beds tied up for treatment people. We were turning people away because they wouldn't bring in an attendant and house them next door, upstairs where they….So we were turning people away.
- There is exceptions made and no they aren't consistent….Well, it depends on a lot of things, mainly the situation. Like, every situation is different depending on how busy we are, if we need the bed, that person's through withdrawal, okay, "You're gone." But there seems to be a favouritism thing that's played once in a while here. Like some staff will know them for years and years and years and they'll play favourites with them. So they're allowed to…And honestly, it's a racial thing sometimes. Maybe it's an unconscious thing that they're doing and that she does, but it's the white guys that are allowed to stay longer than the Native ones….they'll go the extra mile with a Caucasian. Seriously. Now weather it's because the Native fellow doesn't really want to or they have a track record of not wanting…I don't know. But that just seems to be the way it is that they…Like a Native guy will get discharged before the white guy does….They play favourites. Like somebody they've known for a while, and it's generally a white person.
- If I give you an aspirin, it requires two people to witness it and a signature. And signatures in, I don't know, a half a dozen places. So it's from one extreme to the other. From no boundaries to… It could be, in my opinion, quite traumatic. Like, you're in a Detox. You're withdrawing and you come in with…I'll give you the worst case scenario. You know, you've got all kinds of physical ailments and you've been on a whole wack of prescription drugs for high blood pressure. You've got heart medicine. You've got this, that and everything else. And obviously you're not paying too much attention to yourself. And so your prescriptions…You know, you've got some pills in one bottle and anyways, the bottom line is, we can't give you any of these medications and you're in withdrawal and you start to freak out. You think you're going to die or whatever and we wind up, depending on…I mean, worst case scenario, we'd put you in an ambulance and send you to the hospital. But the best case scenario you're feeling like you're right out of left field and we stick you in a cab and send you over to the hospital and you might wait for three or four hours thinking the worst case scenario. It's all over because I need a drink or whatever. "I'm going to have a heart attack or my blood pressure's going…I'm going to have a stroke or whatever." And then you're waiting. Then you come back, four, five, six, seven hours later, and now we've got your twenty prescriptions figured out and then we start to…
- It's really hard to have a youth in this environment because space alone will drive them crazy. We have to try to give them a room on their own. Then we're turning other people away because they're taking up the whole room.

Role/Function

- we're doing many different things and nothing well.
- Well, Detox is…they're a shelter, they're a crisis centre, they're somewhat of a medical facility. They're counselling. They're drop-in. They're basic addiction education. They're a

home. What else are they doing?…And our mandate is to provide a safe, secure environment for people to withdrawal from alcohol and drugs. So I can get pretty focused in that vicinity. If it doesn't have anything to do with that, in my opinion, you're in the wrong place. But, having said that, you're dealing with human beings so I've been known to stretch my outlook oftentimes. Like, ideally, I think our Detox, that's what it's for – to go through withdrawal and to be pointed in the right direction. So when you show up…On a day like today, for instance, you show up there tonight stone cold sober, have no desire to get off booze or drugs, but it's forty below zero. And we have four or five spare beds….we're dealing with human beings and they don't act according to any plan. So you need to be versatile and you need to trust the people that you employ to make some judgment calls and support them in those calls that they make. Not say, "Oh, you shouldn't have done that and you shouldn't have done this and why did you do this". So you're under all this unneeded or wanted stress and what happens is eventually, as it carries on, people don't want to decide anything so they go, "Okay, no. Policy says no, no, no." And now you've got people going to their MLA's, you've got people going to managers and directors and it all filters back to what are you doing? And you're the guy on the front line and you catch every bit of shit that's flying. So it's…And then we're supposed to be really compassionate and understanding and caring.

Withdrawal management

- So it would just be nicer if we could help to see people through the continuum, which is actually what our mandate also is supposed to be. ADS is supposed to be a continuum of care, right? But are we really kind of doing that continuum?
- I think we're trying to be too many things to too many people. We're a Detox centre and let's stick to doing that. We're not a mental health daycare facility. We're not a youth daycare facility. We're not pre-treatment. I think I would probably come up with a few more things that we're doing that we shouldn't….It's a detox facility so you're assisting people providing a safe, supportive environment for people to be going through alcohol and drug withdrawal.
- There's a lot of people that wouldn't come to Detox, I believe. Like, I don't believe that we see everybody that's trying to stop drinking or using drugs. There's probably a whole lot of people working for the government that have positions where they feel they really couldn't go to Detox because I think there is a perception of who is coming to Detox. And I don't know really how you change that. But there's an awful lot of people. And even construction type of people. And I think Detox is maybe looked at like the bottom. Like, it's handling the low-end drunks. I don't know if that's…Homeless, street people or whatever it is. But there's a whole lot of people that are sitting at home with their home and two cars and everything else that have addictions problems and realize that and need to do something. But I don't think we see very many of those people. And I don't know quite how you change that perception.

Recovery

- The other thing that we did for a while over the course of time that we've been here in this building is we did keep people for a little bit longer and we called it a transition sort of thing. And sometimes they did stay longer in order to go into the 28 day program, but not necessarily all the time. And for that they have, then, a day program. What they call the day program. And during the day they would be with…
- And then later on we realize that we need more room for people that are sort of withdrawing. So then what happens was for the longer people that were here longer time, they moved transition upstairs and they would sleep upstairs when we didn't have program,

right? But then there a problem that they were too much on their own and that's not going very good. Liability again.

- …and information. Like a lot of people know that I'm drinking too much. They know that but they maybe don't really understand what alcoholism is about. Like, really how serious it is. And if you can maybe let them understand some of those things early enough, then maybe they can make some good decisions around it and know that there is support there for them. And know that there is a place that they can go where it's okay to go….You know, they always talk about planting seeds, and I believe that that's right. But I think you have to have some information. Like, you certainly have to encourage people, but you actually have to give them some information, too, so that they can actually make some decisions.

Activities

- [Referring to the Hoge Street Detox] It was the participation. They got in and they were able to do, once they were feeling better…they were doing their laundry. They were helping us out in the kitchen. Even the yard. It was team work and that. And I think once we move to more the institutional approach, then you got into more liabilities, this and that. No, you can't go do your laundry. No, you can't help in the kitchen. A lot of boundaries were set up in place where before all those boundaries weren't there. It was just your basic home setting.
- What we used to call a counsellor. Another staff who was actually in that position and they would do programming of some sort all day long. So they would sleep here and go up and do that programming thing during the day and then we would be back down here in the evening. That's where we ran into problems with the well people versus the sick people. You know, each one of them have their needs and legitimately, right? The people that are well, you want them to get into life, right? Because they haven't been really living. So you want them to do the things where they're laughing and joking and being happy. But on the other hand the other guys needed their peace and quiet.
- Maybe inviting people in from the communities to talk to clients at times so that different kinds of learning, awareness kind of workshops…. I was just thinking people from the communities, Blood Ties people if they want to come in and do a workshop. We already have a nurse that comes in but other people from the Communicable Disease, just open up their eyes all the time to what is happening and what could happen to them out there with that lifestyle.

Policies

- Policies kind of get confusing sometimes because things get lost in the shuffle and they somehow get changed and it's okay this day and it's not okay another day. Like our women's room, my understanding was that our women's room is our women's room now and it's just not anything else. That's all there is to it whether a youth comes in or not. Now more recently, there was the occasion where we did have a youth put into a women's room although there were two other women in the facility in another room. But that women's room, which my understanding was always supposed to be a women's room, wasn't actually held as a women's room. A youth came in and was given that room. And that was okay. But my understanding was that it wasn't supposed to be okay. So I'm not always sure what's supposed to happen.
- There's no vision, there's no direction, it's crisis management and they band-aid every possible scenario. Expect the unexpected and when it happens, we'll go outside policy for a minute and then…Again, it's all relative to who's…Again, you refer to the mandate to provide a safe, secure environment to go through withdrawal. Are you through withdrawal? Do you have a place to be? How many times have you been here? What's your

motivation? What are you doing? You take in all the factors. Okay, Rebecca, this is your tenth time here this month. I think you just need to go home. You just keep coming, you're not doing anything. Okay, you're not at any risk now. Okay, we're going to make some room for somebody else. Or maybe that's the scenario. You've been here before and there's nine other new people. You're the first one out. We're taking another new one.

Youth, women, and persons with mental health issues

- …youth and adults don't mix. They just don't. It's like oil and water. It just is. And the kids need something to do. Well, so do other people need something to do. The adults need something to do. They're always asking for an exercise room. I don't know how often. It can be the downstairs. "Can't we have some exercise equipment. Pool tables something. Do something." They're just sitting there in front of the TV out there. And they're not allowed to watch all the channels. They're only allowed Discovery or the News, and that's it until after 3 o'clock and then it's free TV.
- My pet feelings is we just need a larger centre and if you want to incorporate a mental health section, fine. Well, give us the training…And protocol and policies and all that to follow under.

  Resp 2: We didn't have any training.

  Resp 1: There was nothing written down. When that lady came in there was nothing. Well, there was a few things done then on a piece of paper that some staff…You know, it's setting them up for failure. It's all really what we did there.

Length of Stay

- That's the dilemma that we're always stuck with. "Should we cut you off or should we give you one more chance?"
- I think maybe the revolving door aspect of Detox. People coming in over night and then a day or two later coming in overnight and doing that for quite a while. And maybe have 15 admissions in a month or 10 to 15 admissions in a month. I think that something needs to be done. Something could be done towards that aspect for the care of the client because I think the client would be better served to have some kind of restrictions on them so that they are faced with a problem or faced with a decision that they need to resource the services more than just over night. I think that would possibly... I don't want to use the word "force" but suggest that they need to do something different than the overnight stays.
- I think it would be fair to be have a number five, six or seven stays a month. And, of course, the supervisor can always over-rule that. Maybe someone's in real dire problem here and then…But I think that that would be something to look at, anyways, because I'm not even 100% sure if I'd be ready to really say for sure if that's the best thing to do. It's an idea to look at.
- You know, maybe we're too welcoming. Maybe we're trying to do too much in one respect. Maybe the harm reduction thing that we are doing, which I see is a good thing, maybe we shouldn't be doing that. I don't know. I really don't know.
- I really struggle. I haven't decided in my own mind around this thing of making it more difficult to get into Detox. Like, limiting the number of times that a person can come, maybe. Like, maybe our services would be more valued as a detox rather than as a place to come and stay. I don't know. I can see that that's a possibility. Like, I know a lot of place that you can't just walk down to the Detox and get in. And they seem to be busy enough. Maybe that would change the people that are coming. I don't know.

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- [Referring to Hoge Street Detox Location] There were more restrictions over there. They couldn't come for 48 hours if they left. Here it's 24, which none of us like, because we're getting all the repeaters and maybe we're missing somebody that can't get in because the beds are full of people who just want a place to sleep. We are used as a flophouse a lot of the time, which doesn't help.

Medical Concept Detox

- And now we're trying to be collaborative. In the past we didn't take a lot of mental health clients for the simple reason that the other clients were fearful. Didn't feel comfortable and would leave. Then more recently we have taken some. There was some animosity while at least one was here because of the special treatment plus you kind of neglected some of the other clients.
- I'm not sure that it works here. The other part of the problem is that we don't have any training in it. We don't. We maybe have what…? Somebody comes and talks to us for an hour about something to do with mental health issues. We haven't had a schizophrenic I don't think, but just say for instance. Some pretty serious kinds of things and you can do some damage to them.
- But the big other change, from your question there too, was back in the home setting, with giving out medications, it was a lot easier to treat the clients that way, too because we were able to interpret medications and we were able to give whatever amount that the doctor had ordered. Whereas now we got into more, okay, there's liability issues. All flags go up. We have now get the doctor on board and now we have a protocol on exactly how much we could give and not allow to interpret orders. We can't give PRN medications now which is more frustrating for both client and staff.
- Well, the medication right now has to be current. It has to be within the two weeks. It has to be in its proper container. And it can't be PRN.
- I don't really understand what the RN's roles going to be here, really, other than it gives the people who do have their LPN license which will move...working as Recovery Unit Attendants that have their license will move into an LPN position. It will give them…because of having an RN on board, then all of a sudden we will be able to interpret med orders.
- And then we'll be able to do PRN as necessary medications. Other than that I don't know where there's a big difference in what we're doing already other than that and that will cut down on sending people over to the hospital unnecessarily causing aggravation back and forth, back and forth. That we should be able to manage it from our end a little bit better.
- My understanding is that the nurse in other places, like the hospital and that, in order for an LPN to be able to do some of these things, they have to have an RN around to sort of take the responsibility, I suppose. Someone that they can report to.

  Now, I think that's maybe what they're trying to do here, but in one sense, okay, maybe that's okay and maybe that will work out, but how is that going to work out? The RN's not here all the time. So is the RN going to be liable and responsible when she's out of here like at home or in Old Crow or somewhere else?
- I don't see how that's going to work either because in order for that whole concept you'd think to really work you'd have to have, I would think, you would have to have an RN 24/7, the same as the rest of the staff, in order to be valid. So I don't know what makes the difference now. If they're going to have an RN onboard and all of a sudden you're able to interpret orders but yet she's gone to Old Crow or where have you, why can't we interpret orders now versus, with her here….It just doesn't make a lot of sense.

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- …if we go with this medical concept and take that LPN position, am I going to be stuck with just the overnighters and the people who are acute all of the time or can I be working…Are they going to end up kind of splitting it? And that's not something I'm interested in. I want to be able to work in a little bit of a recovery part of it, too.…some satisfaction because this is a job where, hey, you don't see a lot of job satisfaction here unless you are working on the other end of it. If you're just going to be working on the people coming through that door, it's going to be burnout really fast and I'm not interested in that.

- Now, if an LPN calls in sick or is away and can't be replaced by another LPN, it's going to be an RUA that covers. So what you're going to have then, instead of having an LPN and an RUA on shift, you're going to have two RUA's. And in order to have two RUA's being able to deal with medications, you have to go back to the old standards.

  Resp 1: So the hospital will never know if there's an LPN working tonight or is there two RUA's. So that's going…And I think that would end up being confusing but we've been saying that all along. But we've been told don't worry about that, we'll deal with it when it comes.

  Resp 2: But just imagine. You're going to have one minute…you're going to have clients being able to get PRN meds so they can have their T-3's as necessary. They can have their Librium, their detoxing medications, withdrawal medications, as necessary. Then the next minute they can't. They have this and this time and that's all there is to it.

- Our first policy on that is we cannot give out PRN medications as needed. So if a medication needs to be given it has to be very specific, at specific times. But there are some medications that a doctor has signed off for us. And that's over-the-counter medications as well. Malox, like that. But prescriptions have to be current. They have to be in the original bottle. They can't be mixed. Then we can give it as per the directions on the label. And that's what they call minimal standards. There's an RN here, there's LPN's, but even though you have that, you can't use it.…Medications. And there was a time when we did…we handed out pills as we felt it's needed. We had a wonderful working relationship with the doctors at the hospital. We knew our clients better than they did so they would ask us what our feelings were on how much. We were able to take orders over the telephone. And now, with this minimal standards, we put up so many barricades and obstacles and these doctors and these nurses. I mean, God bless their hearts. It's so ridiculous why they have to do it.

  Resp 2: You didn't put the start date.

  Resp 1: Or you didn't write it in layman's terms. I mean, they have to write it out like a five year old can read it. I mean, it kind of makes you feel like you're kind of a loser, but you have to write it out "Four times a day". Whereas, for them in the hospital, it's QID. You know, they would have their terms. Or every four hours. Q4H. Oh no. Can't do that.

- If something happens we're supposed to send them back. Like, if they send them over here and their pulse is above 120, we have to send them back. It's just not very well thought out yet. I think there's lots of ironing out that needs to be done in around the medical and I believe that you need someone with…If you're heading in a medical direction, you need your leader to be a medical person. They need to know what's going on, you know?

- Well, one thing is what we were hopefully going to achieve is to be medical and have a nurse here. I'm hoping…I don't know how to compare that to a medical detox outside other than what I've briefly been told. What could we do to improve it? Well, I think that there's a big picture and this is part of the big picture only. In the big picture what we need, drastically need, in this town is a recovery house.

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- ….the only reason they're doing that is because the trouble that was going on between the hospital and here…And that was the doctors…I know they get busy at the hospital and they don't have time for us to…Say, like we have certain protocols we have to follow and a lot of times they don't. The doctors don't have time for that. They have to fill out certain forms. Like, are they well enough to be here in Detox and the medications sometimes have to be in laymen's terms and if it's not in laymen's terms, we can't administer it to them. So there was a lot of trouble through the hospital and us, so now they figure, "Okay, we're going to fix this by getting an RN." But now, actually, we've got it all ironed out now, but they still want to work through anyway and get this on anyway.
- I think that that will probably be an improvement around medications because what we're sitting at now is, if we get some medications in…if a client brings in medication, we have to call the doctor and stuff like that to get it all straightened out and whatnot. And with the nurse being here, they can take care of all that. Like they don't actually have to call the physician in….Like, making decisions as to whether if we can change maybe one client from one withdrawal medication over to the next, I think maybe they can take care of that whereas right now we would have to send them over to the hospital and they would have to be seen by a doctor and get the order changed and whatnot and then come back. Just lots of running around. So I think it will cut down on that.
- …they are moving towards this LPN situation….I don't see that being an improvement in service. We do have a problem with the dispensing of medications. There is a bit of a problem. It seems to have got a lot better over the last couple of years, I believe, because the doctors are kind of used to what we have to have. Like, the limitations that we have. And they tend to make things fairly straightforward. When we have LPN's they can do some things that will make life a little bit easier, I believe. Now, I don't know if that really improves anything for the clients or not, but because…Well, I think there's going to be some confusion around…They're going to hire a minimum number of LPN's and people wind up sick and calling in pretty regularly. When they're not there, we're going to have to go back to the situation we have now, which is going to create more confusion as far as I can see. A lot of our clients don't like to go to the hospital because medical people at the hospital, not a hundred percent, but a whole lot of them, don't like to see our clients coming in there. Like they do not treat them with respect and a lot of the people don't like to go there. If our place becomes something like that, which I sure hope it doesn't…but I don't think we're going…
- They would get an order to take a medication at Detox. And it had to be written out…It *does* have to be written out in lay terms because we're not suppose to be able to interpret orders or anything. So they would come back with, "Take whatever amount" with an abbreviation. A medical type of an abbreviation. And we couldn't use the order, even though we knew what it meant. But it had to be written in lay terms. It had to fit into our policy, so we'd have to phone back and they're busy, you know. They don't need that. But I often thought that it wouldn't take much for [name], our supervisor, to walk over to there, have a meeting with people and work something out that it would be not such a confusing thing all the time. I mean, they must have thought we were idiots a lot of times. But we need to follow policy. We need to do what we're told we have to do. And yet sometimes it just seems so ridiculous that it had to be spelled out in just such and such a way. We have busy people that…Why should they cater to us sort of thing, I think they felt. However, everybody's fitting into the thing now. It's now working pretty darn good. But I think it's going to change. I think we're going to wind up with these LPN's. And I don't know. I mean, time will tell whether that's a good thing or not….But I don't think it's any great positive move. I don't think it is at all. I mean, if we're just talking Detox services, I really don't think it's…Some things aren't all that bad. We're talking general services of ADS. We got huge holes in there. Like there's…People stay in Detox sometimes for a period of time and they

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leave there pretty hopeful. They're hoping to make some changes, but they have so little support. They can't step into treatment, likely, because treatment might be a long ways away. There's not a safe place for people to go. There's some big holes in there.

- …it's just a brutal policy. There's a point where…This, fortunately for us, doesn't happen often. And so here you've got a guy in treatment already dealing with everything else and he's being told this is how it is. So, he feels like…and that comes back to the group. He feels like, "What am I? Some little kid? I'm in pain."…And your attitude is way too clinical and detached from anything going on with me. It's about "This is black and white and I'm doing it like this." So, that creates a whole bunch of unnecessary drama. And I'm in the middle. And the staff is saying, "Tell him to come down and get this one." And I'm like, "Just give me the pill and I'll take it to him and we're not going to put him through any more than he's already going through." And then I hear after that they're back and forth, back and forth and in his opinion, playing head games.
- If I give you an aspirin, it requires two people to witness it and a signature. And signatures in, I don't know, a half a dozen places. So it's from one extreme to the other. From no boundaries to… It could be, in my opinion, quite traumatic. Like, you're in a Detox. You're withdrawing and you come in with…I'll give you the worst case scenario. You know, you've got all kinds of physical ailments and you've been on a whole wack of prescription drugs for high blood pressure. You've got heart medicine. You've got this, that and everything else. And obviously you're not paying too much attention to yourself. And so your prescriptions…You know, you've got some pills in one bottle and anyways, the bottom line is, we can't give you any of these medications and you're in withdrawal and you start to freak out. You think you're going to die or whatever and we wind up, depending on…I mean, worst case scenario, we'd put you in an ambulance and send you to the hospital. But the best case scenario you're feeling like you're right out of left field and we stick you in a cab and send you over to the hospital and you might wait for three or four hours thinking the worst case scenario. It's all over because I need a drink or whatever. "I'm going to have a heart attack or my blood pressure's going…I'm going to have a stroke or whatever." And then you're waiting. Then you come back, four, five, six, seven hours later, and now we've got your twenty prescriptions figured out and then we start to…
- I don't think we need a nurse. I don't know what a nurse is going to do here. I think yeah, we need LPN's and put that money that was going to go towards a nurse into having a doctor on contract more often so we could be in contact with a doctor. I think it would work way better.…Because if you have your four or five LPN's, which they were going to have, and all your stuff in place, and you have a doctor that comes a couple of times a week, I think they'll find that that is way better from having a doctor come. I don't know what the nurse is going to be doing. We're going to be falling over each other here.
- Well, I just feel that it's just like if you have a help line and you can only get help from Monday to Friday from five to ten. Like, you know, the main concerns might not occur during that time frame so I just think it puts.…So now, if the nurse is not there, so then who's in charge for that sort of focus? If it's medical needs and that's why we have an RN. So then who's then in charge? An LPN. Well, are they qualified and should that pressure be put on an LPN? I'm not sure, I just think that that just…I think that it's a nice try but if you're going to go all out and really want nursing staff and all that then that's what you should do is have full time nursing staff. Because if the fear that there is going to be some complications during someone's withdrawal process if that's why…I'm not really sure why they wanted a nursing staff here. I mean, I don't think it's an obscene idea. I just think that Wednesday to whenever just seems a little bandage…That to me just makes me question how it's going to work.

Appendix 1.5 Responses to Long Answer Questions—What's Not Working

- I think it'd be better – they'll get better service if it was medical detox. And plus this place is not big enough. It's very few beds. When need bigger facilities I think because they – this is a detox place. We just detoxify them. They need – some of them need to stay longer. You can't keep them longer because of the facility – there're no beds available.
- Their illnesses are getting worse. We're seeing more diabetes.

  Resp1: Before it may have been just a matter of letting people sleep something off. Now we're looking at the person's whole history.

  Resp2: You are managing clients but you don't have a case load.

  Resp1: And that's not our role. We haven't got the staff or time for case management.

  Resp2: But really, we are doing it. We're stretched.

  There's always hope and people that society completely washes their hands of have got sober and have lived long and productive lives. I'm noticing that a lot more young people between 19 and 30 are coming. That was never the case. It was 35 to 50.
- Resp: It makes more economic sense, would be more effective if there were people offering case management beyond the narrow time frame of the detox.

  Resp: We having been talking about having a central intake. The people we see are the same people that Health and Social Services sees, that Probation Sees, that the Sally Ann sees, and on and on and on. Rarely do we know that as workers.

  Resp: We could do a thorough assessment. When someone comes in and talks to you, they need to sleep it off and they should have their needs assessed.

  Resp: The majority of clientele are intellectually not able to tackle all the tasks that need to happen within our system. There are a lot of papers to fill out at SA.

  Resp: You have been doing your job well
- Currently, she's not supervised by someone who has medical training and she said the supervisor is really focused on things that are non-medical, different issues, and as a staff she feels some of the issues are medical. She doesn't understand how, if you're not an LPN, you can be giving medication. There's some sort of government act, the Food and Drug Act, that has regulation of the administering of medications and they get around that by saying its non-medical. She very much would like to see it be a medical detox and that would service the clients much better. She's actually seriously thinking of leaving because the morale is so bad and it's a lot harder for some staff. It might be because they've been there longer….

2. Detox Staff

Management

- Maybe some staff need…It would be beneficial if they were more sensitive to the needs of staff and the way that they talk to and talk about and even treat the staff. Sometimes I find them very (some staff) hardnosed and just very set in their ways about little things. Just extra care for the clients. Sometimes they'll be like, no we don't do that. This is how we do it. It could be over going to make them some hot soup or something like that and it's like, "No, we'll just give them one juice or one water and then that's all they get." …it'll be this is how it is. So sometimes it's hard for me to go a little further, like just in that basic cares. When asked, you know? Because they are the consumers and so I try to do whatever they ask for and I think that's my job. But I've been told, "No, they don't need that". That sort of thing.

Appendix 1.5 Responses to Long Answer Questions—What's Not Working

- Everything gets reduced to the lowest common denominator it seems over there. Somebody makes a mistake on something and pretty soon we've got a whole set of rules to deal with the lowest, dumbest sort of a situation. And so we start operating on these dumb, low level type of deals like. We are not treated with respect there as far as I'm concerned. We're treated like a bunch of kids. We are micro-managed. There is no doubt about that. To the point where people are really afraid to make a decision and we do have policy and procedure, but there's so damn much stuff that isn't in there that has become the new rule because of an email somewhere along the line. And so you can't go to policy, even, and say, "Okay, what should I do in this situation?" Because what's here might be over-ridden by this email that came out three months ago. "Well, didn't you see the email? You signed the thing." Oh yeah, right. But people are caught in this thing of "I wonder what to do?" And afraid to make a wrong decision. And it just gets painful, I think.
- Really some way of recognizing the staff. Team building. And get them more involved in the decision making. Like, don't be so arbitrary about the decisions you make. Don't decide that it's going to be like this. It's complicated and time consuming but it will build a whole lot better picture if you take the time to do it and lay the foundation. If you get everybody involved and really mean that we can do things the way it's going to work best for us that are doing the work. Like, right off the top the whole shifts scenario in the Detox, six on, three off, days, nights, afternoons. That is humanly ridiculous. It doesn't work. Now I'm fortunate that I have a medical accommodation that I work days. I don't have to work any other shifts, but when I did I experienced it. I know what it feels like.
- It just sometimes just feels like we're just little peons.
- All you need is people willing to work that way rather than, "I'm the boss and you're the lacky.
- It's not a very happy workplace and it's like, I don't think that we have a common goal. I don't think we're working together. And I can see that being…everybody doesn't quite have the same vision on things, and that's fair enough. But there should be kind of a common direction with some parameters that management sets out. And I'm sure they think they do, but if there was a clear picture there for everybody to follow then some people might not take the same route or some people are prepared to…
- I think people really try hard but there's something there. I think the staff at Detox feel like the lowest rung on the Health and Social Services' kind of ladder, so to speak. And I think that a lot of times they feel very put under and not really considered in the big picture even though I feel that our job is pretty important in the whole scheme of things why we have ADS. And I know that there's a lot of dissatisfaction with staff and I'm not really sure if that's not working. I really feel that that can be an issue. It could be the location because they're almost in the basement…if there's a goodbye party for someone in the building, or a barbeque, it happens during the day so the people that work upstairs can go and get paid, so to speak. Because they're daytime staff or anybody else. And then for Detox they would have to come in on their own time, which fair enough on some level. But I can imagine why most of them wouldn't come. I think that the Christmas party was in the evening and most of the people went upstairs. I know that's not all of it, but I know that I have heard a reference to it at some point. And I think that upstairs, say, with the outpatients and say with the counselors for the treatment program, they work with each other daily so they kind of know each other on a day to day basis where Detox staff got 14 people. They're constantly mixing. You might work five days with one person but eventually someone else gets put in and you work a few days with that person. So the consistency there is off.

Appendix 1.5 Responses to Long Answer Questions—What's Not Working

- Well, I was just thinking that something that could work but I don't think always works is that we have staff meetings and I've only gone to one, but I know I have heard of them. There was like…I've just heard rumours that people just get nit-picky at each other and I think that there's potential for it to work really well because we're working with a staff that…I mean, I think that if you work with the staff and you know that you're working with that person all the time, that there's potential to jell and I think a lot of people have jelled but because everybody's changing shifts all the time, I think there needs to be something else put in place so that you have more of a team sort of mentality or…Not team. I want people to be able to think as individuals but also work as a team because when I'm working with someone I want to know that the least of my concerns is my staff person and sometimes I think it's the staffing that sometimes gets a little bit in the way of each other. It's like this one giant dysfunctional family that's…I mean, I think everybody really enjoys and to a great degree respects each other, but sometimes it doesn't really mesh. There's something there. I'm not really sure what to say because I know I can sense it. I don't know the full extent. I haven't been around that long. And I have noticed that I think the staff meetings can work, but I think it ends up creating other issues instead of solving.

Training

- I'm not sure that it works here. The other part of the problem is that we don't have any training in it. We don't. We maybe have what…? Somebody comes and talks to us for an hour about something to do with mental health issues. We haven't had a schizophrenic I don't think, but just say for instance. Some pretty serious kinds of things and you can do some damage to them.
- My pet feelings is we just need a larger centre and if you want to incorporate a mental health section, fine. Well, give us the training…And protocol and policies and all that to follow under.

  Resp 2: We didn't have any training.

  Resp 1: There was nothing written down. When that lady came in there was nothing. Well, there was a few things done then on a piece of paper that some staff…You know, it's setting them up for failure. It's all really what we did there.
- I don't know that it's valued in that specific situation. I think there's people in there that don't have training and don't have the understanding. But I think they're still valued as highly. I think we're…Whatever, it's hard. It's probably really hard for a supervisor to be around through three shifts to really get a sense of what you're doing. But as far as I'm concerned, the most important skill that you can have in there is to deal with people and I think I do that reasonably well and I don't think everybody does. I think that if you're really good at cleaning and things that are easily rated or it's really obvious, those are the skills that seem to be valued.
- I think that as you hire people that they really need to be extensively trained and trained to work as a team. Like, the whole team. We are so unsure. You must have noticed how separated Detox is in Alcohol and Drug Services. How many times did you see any out-patient counsellors or anybody from treatment? And we're sharing the same building. That we have a lot to offer each other in how we separate. It's really the make up of the building why we separate clients. When you're well enough to be moving around wouldn't it be a little inspirational to you to have lunch with somebody that's in treatment when you're thinking, "Geez, I wonder". And they say, "It's the best thing I ever did."
- Nothing's going to happen to us. And that's the thing. You have people making decisions who don't have a clue what we really do here and what we can do. We could do a lot more, but we can't with what we have here.

Appendix 1.5 Responses to Long Answer Questions—What's Not Working

Resp 2: It's almost like if sometimes you make a decision and it's just a little bit off the procedures, you're in deep doo-doo.
Resp 1: You can't use your common sense here.
Reb: So, no discretion.
Resp 1: Not allowed to use your common sense.
Resp 2: Because my common sense may be different from her's. We were actually told that.

Personal Suitability

- I don't know what people think they're trying to do there. Like, a lot of times I see our role as simply a harm reduction type of a thing. I think we're providing a big service in that respect and I have no problem with that. Who knows? Like, you keep somebody alive or you keep helping them and they get to trust you and they know that you're offering some thing, maybe the day comes when they're willing to do something different or they might try. And hopefully they come back because you've treated them decently right along the line. But there are a number of people that we have that are really good, I think. That they really have this vision of hope for people that maybe things could be different. Maybe they could be better. And even within that group people take different approaches. Well, fair enough. Fair enough. But we have people on staff that don't even like our clientele, I don't think. I've got to think half of our staff, anyhow. If you were to ask any one of them, I'm sure they all say that they are concerned and they care about the clientele, but their manner of dealing with people is horrible and their understanding, really, of what's going on with people is not very good.
- …but when people come in, we'll give them a glass of juice or a drink of water or something like that, but there's so many of the staff that think, "Give them one glass of juice and that's it". If they want something more to drink they can go through the bathroom and get a drink of water. Well, I have no problem. People that are drinking, dehydrate and that's part of their sickness. They need to be replenishing fluids and I don't know why it is, but water isn't just isn't very damn appealing. It's really…If you're hung over, it's not very appealing. So I have no problem. Most times, if I'm not real busy doing something else, I'll take people a couple of glasses of juice. If they look like they want more, I'll walk in there with a jug and tell them, "Well, drink that down and I'll fill you up again" sort of thing. There's other staff that really get on your case around that.
- I'm not entirely sure what we can do to make things better. I think the staffing will make a difference. Could make a difference within what we are doing there right now. That can make a difference.

Scheduling

- And my resistance has consistently been, you and I are working together. You're working twelve hours and I'm working eight hours. You're getting five days off and I'm getting three days off. Somewhere down the line, I'm not going to like you. And who knows about the twelve hour thing, too. I mean, I think it's a good thing. I think there's a lot of good about creating some continuity and some consistency for the clients through twelve hour shifts. And I also think it's good for the employees to have a five day break. You can actually get away from it. Reb: So would you like to see all staff switch to twelve hours? Resp: Absolutely. What's good for the goose is good for the gander And they're going to be treated differently because they're going to be called LPN's. When I was first hired, we did all that work. We used to hand out medications and we used to consult with the doctors and, I mean, we're the ones that are doing the work. We're the ones that know the people.
- [Referring to auxiliaries] They're frustrated. They never know when they're coming to work. You get on and on. Most of the time you're never working with the same person two days

in a row and having me on…I think there's three of us. Three or four of us now with medical accommodations. So right now, as it stands, there's 12 days a month where three of us are on days. Can you imagine where that money could be going? It's just the bureaucracy that's involved in making any kind of changes is just…So, I don't blame them entirely that they don't push to…Because they're not in it. They're not feeling a bit. The supervisor goes home every day and gets their weekends and the manager and the director. They have no concept of a 24 hour service. None whatsoever. They are constantly making meetings and never think about… to have a little more sensitive to that. I just think trying to manage the Detox from Black Street is ridiculous. Or the treatment centre, for that matter. If you want to know what's going on, you better be there.

- You do six days. Have three off. And six nights, three off. Six afternoons. So, what happens is you have one weekend a month and the longest changeover is from nights to afternoons but days is fairly short because you get off at 8 o'clock in the morning and then on the third day at midnight you're going into work. So you take a day to sleep and now you've got two days off. It's pretty hard on the system.
- We have so many auxiliaries right now that we never…It always used to be maybe three auxiliaries and all the terms…There's a lot of permanent positions not filled….Exist but are not filled. And we're changing on the LPN's and the RN's. So if all the positions to fill, I think it makes for a more cohesive team. Because when you have so many auxiliaries and they're upset because they're not getting enough shifts and it takes the focus away from what they should be doing, which is you're here to work with the clients. You're not here to…
- Well, I can say personally I find it a bit difficult at times in the sense that you're here for 8 hours and you don't really. I mean, I'm not a smoker so I don't take a break. There's nowhere to really go, kind of thing. And I understand why it's set up that way, but there have been times where there's no opportunity to run out for fifteen to get something at the store. You know what I mean? I guess it's more of an inconvenience than really an issue.
- And with clients, I think that because we do a shift change report at a certain time, I think it's happened quite a few times where during that period if a client comes in, it's really difficult. So now you've got two people going off, two people coming on. It's right at that moment where you're doing your shift change. Personally, I think that if there was a way to set it up, if they could record the shift change, maybe, so that the people can just leave. The information's there so then you can do the intake of the client and then get back to… But you come on ten minutes early so you don't really get paid for those ten minutes. so I've started to realize there isn't a lot of problems out there. A lot of them are just inconveniences, so I see that as a bit of an inconvenience, but also on some level I have felt that it does impact clients because now you've got that overlap. You've got two people who want to do their shift change and leave and you've got two people on. So who now, in that ten minute period, who now does the intake?
- I think it's important to take a break, but I'm one of those people who feels just to stand out there would be dumb. If I could take five minutes and walk around, that would be great. And I could probably look into that and see if that's a possibility, but I don't know.

Staff Expectations

- …tiny things come up and after you volunteer to do them and because we're so rushed and everything, then it starts being expected. Then you're told to do it. You're not asked. You're just told to do it as part of your chores.

Appendix 1.5 Responses to Long Answer Questions—What's Not Working

Staffing Issues

- There should be two full time people. There are full time positions that for years they haven't filled. There's full time positions that aren't filled and there are two part time positions that they have not filled and what they've been doing is that they've been abusing the auxiliaries and abusing auxiliaries, not using. It's abuse because these guys are working more hours and they get no benefits for it.
- We need more First Nations people on. 80% of our clients are First Nation. We have three First Nations staff and they're all out of the building.

Workplace Tension

- And for me the biggest stress I get out of my job is co-worker stress.
- It's not a very happy workplace and it's like, I don't think that we have a common goal. I don't think we're working together. And I can see that being…everybody doesn't quite have the same vision on things, and that's fair enough. But there should be kind of a common direction with some parameters that management sets out. And I'm sure they think they do, but if there was a clear picture there for everybody to follow then some people might not take the same route or some people are prepared to…

3. **Facility/Food**

Space

- Confidentiality – there isn't a space.
- It's supposed to be all confidential and you can't…that's your main door coming in and everybody's…that totally breaks the confidentiality for a person to feel safe and discreet about coming in. Big time. And it's not always safe to bring them in the office here because you don't know who you're bringing in sometimes. Especially summer time, you get a lot of transients coming up and you don't know who you're dealing with. So to bring them in here isn't safe.
- There's no staffroom. We don't have a staffroom. This is it. This is your staffroom. There's no time if you want…You know, you're supposed to be entitle to whatever break away from phone and clients and all this and that. We don't have that here….You can't leave. So it is a paid lunch break and we do get fed, so…But the sitting room is only conducive to maybe four people, whereas we've got ten people, plus we invite people who have been here before to come and sit in our awareness session. There's not…We don't have the table space to sit down and eat comfortably. You've got the TV trays all over the place. Try to walk around those if the fire alarm went just when you're sitting down eating, you've got all those trays there in the middle of the floor.
- …on the level of communicable diseases, flus, any kinds of infections kinds of things, you're neck on neck. If you have a look in room one…now, not the first bed, but those other two beds, literally, if I'm lying in bed and I reach out, I could probably touch that other bed.
- We don't have a place to put their belongings. When they come in they have to shut their jacket. We bag it whatever personal belongings. Know where we put it? In our staff shower. This is all we got to hang our jackets and throw our boots. Right here in the middle. Here or out there and that's not even private. You have to have an admission…It's supposed to be all confidential and you can't…that's your main door coming in and everybody's…that totally breaks the confidentiality for a person to feel safe and discreet about coming in. Big time. And it's not always safe to bring them in the office here because you don't know who you're bringing in sometimes. Especially summer time, you get a lot of transients coming up and you don't know who you're dealing with. So to bring them in here

isn't safe. If you close that door you're locking yourself in, so this isn't productive. That out there, it's not….Especially a lot of times you will have two people coming in at the same time often, too. Couples or partners. So we're forced to bring one here and then one we do the admission out in the front there. Then you've got people coming and going for meetings.

- …just even having an acute room which we consider our acute room next to the TV room blaring away. They're awake in there. There's a gap underneath that door, so the sound goes right through. So they're getting the loud sounds when they're trying to sleep and people out there are getting all the stinky smells going out that way. It's just bad. It gets very strong smell.
- And here what we need is definitely something where we can see people through the acute withdrawals and then if they're here for a little bit longer, which they do sometimes need to be in order to get that grounding, where you can do some programming with them. Here you have that backroom and everybody uses that backroom for something, right? If they're not so sick that they have to stay in bed, they want to be up and watch TV but they veg out because they really can't think straight or anything else. But they need to be up a little bit and around other people as well. So you have that room and they can't all be there doing the things that they all need to be doing. It just doesn't…And you can't ask the other person to stay in their room all the time.
- They've got their belongings and it's all dumped in a pile on the floor and you can't get in there to clean the rooms properly. The rooms don't have any closet space or where they can hang up anything. It's a mess. You try to tell them, okay, everybody has to clean their room on a daily basis and everybody's got to do the housekeeping. You can't when you've got a big wad of stuff all over the floor there.
- And then later on we realize that we need more room for people that are sort of withdrawing. So then what happens was for the longer people that were here longer time, they moved transition upstairs and they would sleep upstairs when we didn't have program, right? But then there a problem that they were too much on their own and that's not going very good. Liability again.

Activities

- [Referring to Hoge Street Detox] It was the participaction. They got in and they were able to do, once they were feeling better…they were doing their laundry. They were helping us out in the kitchen. Even the yard. It was team work and that. And I think once we move to more the institutional approach, then you got into more liabilities, this and that. No, you can't go do your laundry. No, you can't help in the kitchen. A lot of boundaries were set up in place where before all those boundaries weren't there. It was just your basic home setting.
- You almost kind of need two separate sitting rooms for them to choose a quiet room or an active room because you have people who are very pumped up and laughing and giggling and then there's a person who wants just another [inaudible]. And I've often heard, especially one girl in particular…says she can't handle it. And she'll be out the door because it's way too busy. Too much for her. And that's just one example. She just comes to my head.
- What would be really nice…Like, for a while we got passes sometimes to the pool. You know, free passes. And for the people that were here a little bit longer, they could go out and go to the pool. Or say, they may have been able to… I don't think we ever got anything for the gym, although the pool had some gym equipment that they could use. But we haven't got that for a long time now, but that could be a positive thing, too.

Appendix 1.5 Responses to Long Answer Questions—What's Not Working

Youth

- …youth and adults don't mix. They just don't. It's like oil and water. It just is. And the kids need something to do. Well, so do other people need something to do. The adults need something to do. They're always asking for an exercise room. I don't know how often. It can be the downstairs. "Can't we have some exercise equipment. Pool tables something. Do something." They're just sitting there in front of the TV out there. And they're not allowed to watch all the channels. They're only allowed Discovery or the News, and that's it until after 3 o'clock and then it's free TV.
- There definitely can be. And you know, you can have things where…a situation where out there they're just total enemies. They'd kill each other if they could out there and they're in here. You could have a matter of a woman's been assaulted by a man. You can have a situation where the other person's dealer…going through withdrawal in a safe, potentially a safe place. Generally what happens is that somebody leaves. We try our darnedest to separate if possible but once, if it's male/female or if somebody's been here for a little bit longer and one is just coming in is a male and starts out in room one, we have a little bit of control as to whether they meet or not. However, once they're out of room one and they're showered and they're up and around, there's no way of separating them.
- The only one that really jumps to my mind right away is…it doesn't say that we can't serve them but it ends up being they just want a bed to sleep for a few more hours from the Salvation Army because they have to out of there at 7 in the morning. And they got into a pattern for a while there, thinking, "Let's go over to Detox and sleep until lunch time or till two and then we can go." Because as long as they haven't been here in twenty-four hours, we admit them. But we've certainly had people who needed a safe place to stay. They hadn't been using but they were in fear of using but they didn't want to go to Salvation Army because now Salvation Army is housing a lot of intoxicated people which is supposed to be not. They were supposed to be people just needing a safe place to stay. Now you have a person who's not using, is in fear of using, coming to Detox for a safe place to stay where they won't go over there.
- …but you have people that have been here for a little while. We see people through withdrawal, but that isn't all we do. We do do more. We do keep people sometimes a little bit longer. You know, trying to help them get a little bit of a footing. And for that things don't mix around here because you have the people who aren't feeling well mixed in with people who have been here for a little while, are feeling a little bit better, have the need to do a few things, to live a little, instead of talk a little. Do you know what I mean? And then you have somebody else who's feeling totally crappy, just going through withdrawals, really nauseated, vomiting, shaking like a leaf, needing quiet, and the two don't mix. They just don't mix.
- My pet feelings is we just need a larger centre and if you want to incorporate a mental health section, fine. Well, give us the training…And protocol and policies and all that to follow under.
- I think if we were set up differently, we could offer a different service….More service. Especially again with the nurse coming and things like that and we're able to take a broader range of people.
- We need a bigger building.
- We could use more beds too. And more space.
- There have been times when we had to turn some women away because there are not enough beds for women, but most of the time it's fine.

Appendix 1.5 Responses to Long Answer Questions—What's Not Working

- I think we would probably need a bigger facility.
- ...when we're really busy I guess we can't have too many people. We really are confined with the space that we have because you have this confined space, limited space. You have people that are first day sober and they're not feeling good. They're sick. And you have people that have been there for maybe four or five days and they're starting to feel better and they're able to take in more, but you have this mix of people that you're trying to work with and it's good sometimes. It sometimes doesn't work real well if you're really crowded.
- We try to keep female beds. Always that's kind of a priority, is to keep some beds for females, so in trying to do that maybe you're turning away some fellow at the door. One of the regulars. You know, the attitude is a little bit that, "Well, they're just looking for a bed." Maybe they are, but we do turn people away. I think we could use a bigger facility.
- Because you have somebody that's been a few days sober and you don't want to put somebody in there with them. Somebody's fairly sick. Maybe they're in a room and you have somebody coming in that's roaring drunk or really having a hell of a time with cocaine. Maybe they're on the verge of psychosis of some sort and you don't want to be sticking those people together.
- Well, like we've been saying forever, you need the proper space. And you need to be able to...We're trying to do too many things in a confined area. So just separate....Like, why should somebody four or five days through withdrawal have to witness any of this stuff?...You could be sitting in the living room having a comfortable conversation and all of a sudden somebody hits the deck having a seizure or something. And if you've never seen anything like that, it freaks people out.
- ...if we had 25 beds, I don't think it would cost any more money. It wouldn't be that you'd have to hire a whole lot more staff if it was set up properly.
- I know we had ten. We did everything. We did the cooking and laundry and we'd get the guys to help us. So there was a lot of interaction when you're doing that stuff with them whereas here...Well, you know how small that little room is? That's where we eat. That's where we fold laundry. That's where we do our educational stuff. That's for our downtime.
- But our numbers have definitely been increased. I think it's fine with ten beds, but I wish we had just a little bit bigger space for the clients to be able to do...Because if you're doing a video with them, mostly you're going to be sitting with their backs to you when you're watching the video because of the way that...
- I don't know any of the clients that have been interviewed. Like, the older clients that we would have had from the other building. If you ever get to interview any of them, which you may not, they would tell you that they much prefer over there. Much prefer people there. And there's room to move. But here you have to sit and eat on little trays and you don't get [inaudible].
- It's really hard to have a youth in this environment because space alone will drive them crazy. We have to try to give them a room on their own. Then we're turning other people away because they're taking up the whole room.
- Honestly, I think the space is really small. Like, I think you've got a full house and people...obviously they're not in the top part of the game if they're here. And I think it can be very stressful thinking about all of your issues. You're now slowly withdrawing off your drug and you're stuck in a small room. I just think that's...I personally...If I was to think about meeting client's needs, on some level I think we're not really there. Like, I know it's a detox facility, it's not club med, but I still think...I've seen a full house in there and it can get

pretty cramped. And I think that would definitely hinder our client's comfort and maybe space to grow or something like that.

- I think that the building's pretty old and I think sometimes I've personally felt sick coming into the building and I don't know if it's the ventilation or whatnot. It would be great to get a nice facility. Well, I feel, well, you've got drugs and addictions, you should be put in a really horrible, awful, we don't want to spend any money on you because it's your fault for having this addiction kind of thing. This sounds so cheesy but I really feel kind of like a ripple effect. If one person's treated nicely, you might treat someone else nice. And in my mind our facilities are really important in our community, not just because we deal with a person who comes here with their drug and alcohol issues. I really feel that that person has a family, has friends, so it's like a huge…I think it's a piece of a bigger puzzle so it would be nice to be able to really do our job well because I really think it would improve our community and not just Whitehorse, but the Yukon. And I really think that it would be nice if we could have a facility where there could be things like Detox clients could have a room if they want to do crafts and not just cram everyone in to watch TV. Like, if there was something else that we could provide them while they were there, I'd get that.
- And the staff, they don't have a coffee room or anything. I think it's why it's important for us to care for a coffee room, where we can just sit down quietly and enjoy. I don't know if it's – it's probably because I come from a big corporation where they had their own coffee room. We've had a really nice rest area. We had a couch in there, TV, a microwave oven, and everything in there, in the staffroom. It was a big staffroom. And then they had exercise equipment, too.
- It would be nice if it had a nice bigger building and stuff like that.
- There definitely can be. And you know, you can have things where…a situation where out there they're just total enemies. They'd kill each other if they could out there and they're in here. You could have a matter of a woman's been assaulted by a man. You can have a situation where the other person's dealer…going through withdrawal in a safe, potentially a safe place. Generally what happens is that somebody leaves. We try our darnedest to separate if possible but once, if it's male/female or if somebody's been here for a little bit longer and one is just coming in is a male and starts out in room one, we have a little bit of control as to whether they meet or not. However, once they're out of room one and they're showered and they're up and around, there's no way of separating them.
- There's no place for clients to hang their coats. This one has shelves and stuff, but…

Focus Group-DS

Resp: There are people trying so hard to improve their life and we're under the gun to move them because we don't have the room. They may have every intention of staying clean and sober, but they don't have a safe place to stay tonight.

Detox can do a bit more in recovery, not just withdrawal management, if we have the space. But we are limited in space.

Resp: This room is as big as we got and we got ten beds in there.

Resp: We have people in the first day of withdrawal and the sixth day in recovery and trying to balance that is very tough. One person is doing recovery work and the other person can't do anything but watch TV but we don't have our TV on all types of channels.

4. Services Beyond Detox

- …the halfway house is for people that have a little bit of a grounding or maybe those people that we housed over at the other place for a month, to give them a little bit of a grounding, give them the opportunity to learn some lifeskills. Give them the opportunity to get a footing in the community. Get a job where they can go to work from there. Learn lifeskills. Maybe go to school if they want to. Those sorts of things.

- The problem is, we send them from here out into the community and what do they have out in the community? They have their friends that are users or drinkers come and bug them and bother them. They maybe haven't held a job for a whole heck of a long time because they've been using and drinking. So they need some time to be able to get out of that. And also the physical access to some places where they're not going to be bugged all the time. So, those sorts of things. And it should be long term. Just because you've been sober/clean for a month doesn't mean that you've got a whole [inaudible]. It needs to be longer term.
- I agree that these mental health people. Absolutely, they need help just as much as the next person but they need to be in a place where it's laid out for them, it's properly set up and there's different rules for…
- There's a major gap in services. We need a halfway house. Her thing is right now…and I believe if we were a medical detox and we were properly set up, this woman would still be here. But because our supervisor, who has no medical…she wants to stay out of that medical right now but because now she figures all her symptoms are medical-related, that she no longer needs Detox. I don't know how she can come up with that conclusion. The woman has never stayed this long before. Her deal is always come in, sleep for three days. Now you have someone who finally is now well enough to go to an AA meeting and see a counselor and now she's getting the turf.
- I think we also need an entry level Detox. We need a second level Detox which would be, once a person has stayed over night and they decide they want to do something about their drinking or their using, then they would be admitted to the next step. And there was talk a while back of this transfer station that was over in Fairbanks. In Fairbanks people drove around in this van and they just collected people on drugs off the street, took them to this transfer station where they spent the night. Then the next day if they wanted to leave they could leave. If they wanted to stay then they would be transferred to the Detox Centre. So we need a step before here. We need us and then you need the next step between here and treatment.
- Well, one thing is what we were hopefully going to achieve is to be medical and have a nurse here. I'm hoping…I don't know how to compare that to a medical detox outside other than what I've briefly been told. What could we do to improve it? Well, I think that there's a big picture and this is part of the big picture only. In the big picture what we need, drastically need, in this town is a recovery house.
- I think that is something that needs to happen. If they want real...give these guys a real shot at longterm sobriety, that's what you need. Because even in an ideal scenario, coming to Detox and you are allowed to stay a week or ten days and then you magically fall into going right into treatment even? That's only six weeks. Six weeks to somebody that's been living on the street for twenty years is just…That's not out their…they haven't unlearned everything they need to, do you know what I mean? They need four or five or six months to do that.
- I really like the 28 day program and I think it's really valid and relevant and helpful. And I'd even…I'd even like to see more 28 day programs like we offer. We offer six. I believe three men's and three women's a year. I'd like to see even more of those.
- …a halfway house or transition home for men only. Now, lately we've been getting a lot more females in here than males lately, but females have Kaushee's. The males don't

have anything other than Sally Ann and that's not the best place anyway. It's not permanent or semi-permanent. So, yeah, I think they need a house, like a transition home of some sort. Some place they can hang their hat and call home.

- A lot of times Detox can become enablers by hanging on to them too long. So they'd like to stay here, some of them, as long as they can. They'll say, "I'm going to come in now for two weeks." Well, that's not the way it works. It's day by day and if we need a bed and you're through your withdrawal, you're out of here whether you have a place to stay or not. A lot of times that's the problem, is they just don't have a place to stay. Sometimes it's not even a Detox it's just because they had nowhere to stay.
- I would say maybe housing or something like that. Some place where some of the clients who leave here after going through the withdrawal and whatnot who are ready to make the next step, don't have a really secure place to go to. So like a safe place. Whereas here is a safe place. I think we need a place set up like that for clientele who are…the ones who are really serious about quitting. Because some people are dead serious about doing this and going through the sobriety, like sobering up and whatnot. But they don't have a safe place to go afterwards….So it's like people going through…They'll stay here for a couple of weeks before treatment. They go through their withdrawal and they'll go through treatment. And they're good up there because they have a safe place to be in for the whole 28 days and they're working the program and doing what they need to do. Then they leave there with their tools, whatever that they're working with. They've got some sober time under their belt and then they go right back out and…
- I think that that will probably be an improvement around medications because what we're sitting at now is, if we get some medications in…if a client brings in medication, we have to call the doctor and stuff like that to get it all straightened out and whatnot. And with the nurse being here, they can take care of all that. Like they don't actually have to call the physician in….Like, making decisions as to whether if we can change maybe one client from one withdrawal medication over to the next, I think maybe they can take care of that whereas right now we would have to send them over to the hospital and they would have to be seen by a doctor and get the order changed and whatnot and then come back. Just lots of running around. So I think it will cut down on that.
- …there needs to be something beyond Detox. I mean, you need to be able to let people sober up for a start to get that through that initial being sick. And I think we do okay with that, mostly. I think sometimes we're kicking people out too soon and that's a discretionary thing, too. And some of the staff feels like, they're okay, get them out of here. I don't know why everybody wants to rush everybody out but that seems to be a bit of a feeling. Allow people possibly to stay a little bit longer. But there needs to be something after that, be it a recovery house type of a situation or treatment. Like, if you're a guy that wants to get into treatment, there are three programs in here. They talk about their six programs but they're gender specific and there's only six programs offered. So there's three programs and if you happen not to just be at the right time…Like, most people that are trying to stop…Like, it comes now. "I want help now." There's the opportunity to maybe do something. And not everybody needs to go to treatment. It wouldn't hurt, I suppose, but they need some really good solid support.
- I think we need a recovery house in Whitehorse. Definitely we need a recovery house because even when they finish treatment, that's fine. They're in there for 28 days. Where are they going to go? If they're going back to a drinking environment. Like, if there was a safe place that they could go for a month or so, maybe more, after treatment. I mean, they would have to stay sober to be in this place, but I think it would give them a lot more time to maybe find a job.

Appendix 1.5 Responses to Long Answer Questions—What's Not Working

- …if there was more like a day program that could fill that need and then more people could be involved and come in. That would help people who might not be ready to go to treatment right away, and this would become like a pre-treatment day program. And I know that they do that sort of thing in Detox. And I think it works well, excellent. But I'm not sure. It doesn't really fit the mandate and it's…
- …a pre-treatment program might fill that gap. A day program. And a day program that could include maybe just…And I say "day program" but I mean, that could run in the evening or in the day or 24 hours or whatever. Something that could include families so that when we're helping people with their addiction we're not just focusing on them. I think a lot of times they have other people in their spectrum and if we don't deal with the whole…or try to or try to encourage some sort of connection, it's a bit of a loss, ie., the treatment program. They're isolated with themselves for 28 days and then we through them back to their families and we go, "Okay, well not you try to function." I think on some level, with Detox, well now they're clean and people expect more from them than when they were drunk or using. So if there was something that could make a connection like, fine, you can go to an outpatients counselor but you might need more support. And again, Monday to Friday from 8:30 to 4:30 might not fill that.
- I think it would be another facility like a halfway house or whatever. I don't know. Because these people, you're detoxifying them and they do really, really well and then say, "Okay, you're detoxified. You're leaving." They go back to the same situation [inaudible]. Out the door and into the street; that's if there's no place else to go. I always feel like they worked so hard to detoxify themselves and here they're going back to the same situation again; out the door, out in the street using again. And then sometimes I just feel like were enabling them or whatever. Do you know what I mean?

Focus Group-DS

- We need the before detox and the after detox before treatment. On both sides of us we need something.

  Resp: We need a halfway house.

  Resp: We need a recovery house more than anything.

  Resp: We need space.

  Staff: They get their detox they go into recovery.

  Resp: Stabilization. Before and after. You go to a supported living environment where maybe you're going to treatment, maybe you're going to school. Maybe you're learning how to be a parent. The support would be there to do it.

  We're always trying to generalize. The powers that be want to hear "This is the way we'll do things". But we're working with human beings and to generalize these human beings is really an insult. Everybody's an individual. Not everything is black and white. We need the flexibility and support to do the things that we need to do.

- Resp: It makes more economic sense, would be more effective if there were people offering case management beyond the narrow time frame of the detox.

  Resp: We having been talking about having a central intake. The people we see are the same people that Health and Social Services sees, that Probation Sees, that the Sally Ann sees, and on and on and on. Rarely do we know that as workers.

  Resp: We could do a thorough assessment. When someone comes in and talks to you, they need to sleep it off and they should have their needs assessed.

Appendix 1.5 Responses to Long Answer Questions—What's Not Working

Resp: The majority of clientele are intellectually not able to tackle all the tasks that need to happen within our system. There are a lot of papers to fill out at SA.

Resp: You have been doing your job well